

IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF PENNSYLVANIA

RODNEY ANDERSON

V.

CIVIL NO: 14-1792

T. BICKELL; J. DITTY; T. HENRY; L. DIEBURT; K. NICOLE; I. TAGGERT;
M. SHOWALTER; C. BOOZEL; K. JACKSON; C. STABLER; T. PARKES; C. RISCIGNO;
CL GREEN; B. JESHONEK, ET AL

FILED
SCRANTON
SEP 15 2014

I. JURISDICTION AND VENUE

1. This is a civil action authorized by 42 USC §1983 to redress the deprivation, under color of state law, of rights secured by the Constitution of the United States. The court has jurisdiction under 28 USC §1331 and 1343(a)(3). Plaintiff Anderson seeks declaratory relief pursuant to 28 USC § 2201 and 2202.

2. The Middle district of Pennsylvania is the appropriate venue under 28 USC §1391(b)(2) because it is where the events giving rise to this claim occurred.

II. PLAINTFF(s)

3. Plaintiff Rodney Anderson, is and was at all times mentioned herein a prisoner of the State of Pennsylvania in the custody of Pennsylvania Dept. of Corrections. He is currently housed at SCI-Huntingdon, Huntingdon, Pa.

III. DEFENDANT(s)

4. Defendant T. Bickell is the superintendent at SCI-Huntingdon. He is legally responsible for the operation of his prison and , the conduct of all staff members and for the welfare of all inmates at this prison.

5. J. Ditty was the Acting Superintendent at SCI-Camp Hill. He was legally

responsible for the operation of SCI-Camp Hill at the times avered and, the conduct of all staff members there and, the welfare of inmates at that prison.

6. L. Diebert was a Physician's Assistant at SCI-Camp Hill at the times avered and, was responsible for ensuring proper medical care for inmates.

7. T. Henry was a medical Supervisor at SCI-Camp Hill, legally responsible for medical staff at the times avered and, the conduct of all medical staff at that prison.

8. I. Taggert was the Grievance Officer at SCI-Camp Hill and, at the times avered legally responsible for ensuring the grievance process being fair and impartial.

9. K. Nicole was the acting Chief Grievance Officer for Pa. D.O.C. at the times avered and, legally responsible for ensuring the grievance process.

10. M. Showalter was a Medical Supervisor at SCI-Huntingdon at the times avered and, legally responsible for the actions of medical staff.

11. C. Boozel was the manager for Corizon Medical Services at the times avered and, legally responsible for ensuring the medical welfare of inmates and, proper healthcare provided by his medical staff.

12. K. Jackson; C. Stable; T. Parkes; and C. Riscigno were Health Care Providers at SCI-Huntingdon at the times avered and, legally responsible for the proper medical care of inmates.

13. C. Green is the Grievance Officer at SCI-Huntingdon and, responsible for ensuring the fair and proper administration of the grievance process at this prison.

14. B. Jeshonek was the Head Librarian at the times avered and, legally responsible for ensuring an inmate's access to Law Library at SCI-Huntingdon.

IV. FACTS

ISSUE ONE: VIOLATION OF EIGHTH AMENDMENT - CRUEL AND UNUSUAL PUNISHMENT

15. On or about April 2011, the plaintiff began experiencing back pain due to a previous condition and sought medical attention at SCI-Camp Hill.

16. An older female physician attended the plaintiff on or about May 2011 and refused to provide care, making disparaging remarks concerning the plaintiff's injuries and needs.

17. The plaintiff sought remedy through the 804 Grievance Procedure on June 1, 2011 and received a response on July 8, 2011 that did not address the complaint.

18. Plaintiff filed an appeal on or about July 20, 2011 citing the issues that medical staff refused to address, including severe pain and rectal bleeding; J. Ditty dismissed the appeal despite its seriousness and meritorious nature.

19. On June 15, 2011, plaintiff filed another grievance to address the issues that were being ignored and received a summary rejection from I. Taggart on June 22, 2011.

20. On July 15, 2011, upon returning from the yard into A Block, plaintiff suffered from a fall on the rear stairs and sustained further injury to his back and broken bones in his right forearm.

22. Plaintiff made numerous efforts to acquire his medical records to obtain outside assistance and has been thwarted in these efforts by staff.

23. Plaintiff was transferred to SCI-Huntingdon on ~~September~~ ^{August} 30, 2011 without resolution by medical staff concerning his injuries or issues involving the grievance process.

24. Plaintiff began seeking medical assistance at SCI-Huntingdon and met with continuous needless delays in receiving proper care.

25. Again, plaintiff began making efforts to acquire his medical records in order to obtain outside assistance and was thwarted by K. Jackson through blatant false information.

26. After numerous complaints and delays, plaintiff was ordered in December

2011 by an attending physician to undergo an MRI.

27. The MRI was delayed by medical staff's failure to do a follow-up and not done until on or about March 2012.

28. Medical staff refused to reveal the results of these tests to the plaintiff in order to cover up the extensive damage and their failure to properly act upon his injuries.

29. Plaintiff did not receive evidence of the severity of his injuries until on or about October 2012 when he was blatantly scheduled for corrective surgery.

30. After this extensive surgery to plaintiff's right arm requiring pins to be inserted into the bones, within 2 days the plaintiff was forced to return to regular work status in the kitchen under penalty of receiving a misconduct, despite the fact that the physician had ordered a 60-90 day 'no work' restriction.

32. Medical also refused to provide the plaintiff with the pain medications proscribed by the operating physician.

33. Plaintiff was forced to work under these conditions for a period of 3-4 days which cause further injuries to his arm and caused one of the metal pins to dislodge and become entangled in his cast, severe swelling and intense pain.

34. Plaintiff made complaints to the medical department and was ignored.

35. Ultimately, plaintiff was forced to endure a second surgery on his arm because of this neglect and the surgery could not be performed until the first had healed sufficiently; on or about January - February 2013.

36. In the interim plaintiff made numerous visits to medical concerning severe pain that was ~~ingored~~ ignored.

37. It was found during this time frame that the continuous complaints the plaintiff made concerning the issues with his back and legs are being caused by 'bones spurs' (fragments) in his left foot and knee.

38. At no point has medical staff sought to properly address issues concerning injuries found through X-rays by physicians to his back and knees that involve severe pain.

39. Plaintiff's hand/wrist is permanently deformed, scared, and suffers sporadic motor/movement malfunctions.

40. Plaintiff has been denied any follow-up exams or physical rehabilitation for his injuries in this matter.

41. Injury to plaintiff's right knee, occurring during this accident resulted in a diagnosis of possible MCL or a torn Meniscus.

42. Plaintiff was eventually given a knee sleeve and OTC Tylenol for his knee injury, then forced to beg medical staff for a knee brace to provide adequate support.

43. Medical staff has negligently allowed plaintiff's triglycerides to rise to dangerous levels ranging from 500 - 4000 for more than 1 year risking pancreatic failure.

44. Plaintiff made numerous complaints of blurred vision at SCI-Camp Hill and was proscribed eye wear without a medical examination.

45. After a period of nearly two (2) years, this blurred vision was found to be caused by plaintiff being diagnosed as a diabetic.

46. SCI-Huntingdon has no dietician, nor does the kitchen or medical staff employ a diabetic diet.

47. As of the date of this filing medical staff has refused to provide proper care for the plaintiff.

48. Plaintiff attaches numbered documents pages 41 through 456 as exhibit proof of his averments in Issue One.

ISSUE TWO: CRUEL AND UNUSUAL TREATMENT, VIOLATION OF ACCESS TO LAW LIBRARY, RELIGIOUS SERVICES, PSYCHOLOGICAL CARE, EDUCATION AND PROGRAMS

49. Plaintiff has been precluded access to Law Library, Religious Services, Psychological Care, Education and Programs at SCI-Huntingdon.

50. Plaintiff has been ordered to restrictive limitations including but not limited to bottom floor - bottom bunk status and no sports or activities.

51. All of the above services are located on the upper floors of this facility, including the dental department.

52. Plaintiff is forced to struggle and suffer intense pain climbing multiple levels of stairs to attend any of these activities/services.

53. SCI-Huntingdon refuses to provide alternate means of access to these services or handicap access.

54. At any time plaintiff was assigned law library schedule to pursue these issues and this complaint or the grievance process, law library staff removed erroneously removed him from his schedule even in cases where he was on another required 'call-out'.

55. Plaintiff attaches numbered documents 357 through 374 as proofs of his averments in Issue Two.

V. LEGAL CLAIMS

56. Plaintiff realleges and incorporates paragraphs 1 through 55 and all sections in his claims.

57. Defendant Bickell is responsible for the administration of SCI-Huntingdon and supervising its staff. Bickell's failure to act and deliberate indifference violated plaintiff's rights pursuant to the First, Eighth, and Eleventh Amendments to the US Constitution, allowing plaintiff to suffer irreparable physical harm, needless pain and suffering, physical injury, violations of spiritual practices and discrimination.

58. Defendant Ditty was the Acting Administrator at SCI-Camp Hill and was responsible for the administration of SCI-Camp Hill and supervising its staff. Ditty's failure to act and deliberate indifference violated plaintiff's rights pursuant to the Eighth and Eleventh Amendments to the US Constitution allowing plaintiff to suffer irreparable physical harm, needless pain and suffering, physical injury, and discrimination.

59. Defendant Diebert was a Physician's Assistant at SCI-Camp Hill at the times avered, and violated plaintiff's rights under the Eighth and Eleventh Amendments to the US Constitution, failing to act and causing the plaintiff

irreparable harm and needless pain and suffering, and discrimination.

60. Defendant Henry was the Medical Supervisor at SCI-Camp Hill at the times avered, and responsible for supervision of medical staff and violated the plaintiff's rights under the Eighth and Eleventh Amendments of the US Constitution through deliberate indifference allowing the plaintiff to suffer irreparable harm, physical injury and needless pain and suffering.

61. Defendant Taggart was the Grievance Officer at SCI-Camp Hill at the times avered and violated plaintiff's rights under the Sixth, Eighth, and Eleventh Amendments to the US Constitution through abuse of the grievance process, deliberate indifference, allowing plaintiff's continued pain, suffering, and physical harm.

62. Defendant Nicole was the Acting Grievance Chief for Pa. D.O.C. at the times avered and violated plaintiff's rights under the Sixth, Eighth, and Eleventh Amendments to the US Constitution through abuse of the grievance process, deliberate indifference, allowing plaintiff's continued pain, suffering, and physical harm.

63. Defendant Showalter was the Medical Supervisor at SCI-Huntingdon at the times avered, and responsible for supervision of medical staff and violated the plaintiff's rights under the Eighth and Eleventh Amendments of the US Constitution through deliberate indifference allowing the plaintiff to suffer irreparable harm, physical injury and needless pain and suffering.

64. Defendant Boozel was the Administrator of Corizon Medical Services under contract to Pa. D.O.C. at the times avered, and responsible for supervision of medical staff and violated the plaintiff's rights under the Eighth and Eleventh Amendments of the US Constitution through deliberate indifference allowing the plaintiff to suffer irreparable harm, physical injury and needless pain and suffering.

65. Defendants Jackson, Stable, Parkes, and Riscigno were Health Care Providers at SCI-Huntingdon at the times avered and responsible for the care of the plaintiff and violated the plaintiff's rights under the Eighth and Eleventh Amendments of the US Constitution through deliberate indifference allowing the plaintiff to suffer irreparable harm, physical injury and needless pain and suffering.

66. Defendant Green was the Grievance Officer at SCI-Huntingdon at the times avered and violated the plaintiff's rights under the Sixth, Eighth, and Eleventh Amendments to the US Constitution through abuse of the grievance process, deliberate indifference, allowing plaintiff's continued pain, suffering, and physical harm.

67. Defendant Jeshonek was the Law Librarian at the times avered and responsible for the assignment of inmates to the Law Library. Jeshonek violated the plaintiff's rights to access to legal materials through discriminatory practices in failing to provide means for the plaintiff to overcome his physical handicap through his injuries and obtain meaningful access to legal materials, research, and equipment for the purpose of pursuing redress in the court.

VI. PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully prays this Court enter judgment:

68.± Granting plaintiff Anderson a declaration that the acts and omissions described herein violated his rights under the Constitution and the laws of the United States, and

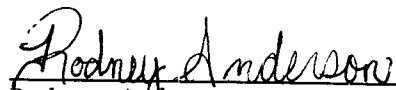
69. Granting plaintiff Anderson compensatory damages in the amount of \$25,000, twenty five thousand dollars against each defendant jointly and severally

70. Plaintiff Anderson seeks punitive damages in the amount of \$50,000 against each defendant jointly and severally;

71. Plaintiff Anderson also seeks a jury trial in all issues triable by jury.

72. Plaintiff also seeks recovery of costs in this suit, and any additional relief this Court deems just, proper, and equitable.

RESPECTFULLY SUBMITTED this 18th day of August, 2014.


Rodney Anderson, pro se

VERIFICATION

I, Rodney Anderson, have read the complaint and hereby verify the contents to be true to the best of my ability and knowledge under penalty of perjury.

EXECUTED at SCI-Huntingdon, Huntingdon County, Huntingdon, Pennsylvania
on 8-18-14, 2014.
Date

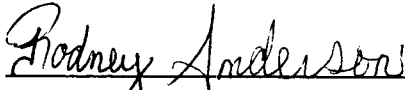

Rodney Anderson, pro se
SCI-Huntingdon
1100 Pike Street
Huntingdon, Pa. 16654

EXHIBIT A

RECEIVED
SUPT. SOICDC-804
Part I

JUN 2011

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

367518

GRIEVANCE NUMBER

Law / Prob @ Staff
See By 6/24

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 6-1-11
FROM: (INMATE NAME & NUMBER) Anderson, Rodney JY-7051	SIGNATURE of INMATE: Rodney Anderson	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: H B1-22	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). **State all relief that you are seeking.**

I have had a hard time getting medication for my back pain (Caused by a work injury due to a forklift running into my back) from the older, female doctor. She says rude comments like "You sound like a winnie cry baby," "I had 3 surgeries and I am toughing it out," "Grow a pair," and "The County has given you enough free medications." I just want service and help. On her day off, or day she was absent, I was seen by another doctor who felt and check my pains in my back and she increased my Naproxen and also gave some muscle relaxer for 2 weeks, just as the first doctor did on R-Block upon entering the jail around 4-5-11. At no point in time did the older, female doctor look at my back nor did she examine my pain. I even told her I had a tingle in my arm and leg and numbness in both also at times.

B. List actions taken and staff you have contacted, before submitting this grievance.

I spoken with my unit manager, I put in 4 or 5 medical slips hoping to see another doctor. I talked to my R-Block counselor or psych and she told me to fill out another slip and I did and I was seen by a different doctor.

Your grievance has been received and will be processed in accordance with DC-ADM 804.


 Signature of Facility Grievance Coordinator


 Date

INITIAL REVIEW RESPONSE

SCI-Camp Hill
2520 Lisburn Road
Camp Hill, PA. 17001

JUL 13 2011
JUL 13/2011

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Inmate Name:	Anderson, Rodney	Inmate Number:	JY 7051
Facility:	SCI Camp Hill	Unit Location:	H Block
Grievance #:	000000	Grievance Date:	060111
Publication (if applicable):			
Decision:			
<input type="checkbox"/> Uphold inmate <input checked="" type="checkbox"/> Grievance Denied			
<i>It is the decision of this grievance officer to uphold or deny the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:		Frivolous	
<p>You stated in your grievance that you have been having problems obtaining pain medications and adequate treatment for your back problems. A review of your chart reveals that you have been seen 9 times by 5 different practitioners since your inception here @ Camp Hill. You have been prescribed a number of medications to attempt to alleviate or moderate your condition. Also, you have been given a list of exercises to perform on your own in your cell to attempt to strengthen the muscles involved. It has been determined, by your own admission, that you have not been following your exercise regimen. It is imperative that you follow all instructions issued by the practitioner to help alleviate your condition. Further review of your chart reveals that you are currently on 2 separate pain medications; the latest medication was started on 070111. You will be followed up on Doctor line at the end of August to ascertain the effectiveness of the current treatment plan. It is imperative that you follow the current medication regimen to obtain accurate results of the prescribed medications. This will serve to answer your grievance.</p>			
Signature:	TW Henry for K. Non		
Title:	A/DC		
Date:	7/8/11		

cc: Superintendent
Facility Grievance Coordinator
DC-15
File

2

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-D

Appeal of GRIEVANCE

DC-804
Part 1

367518

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

JUL 22 5 2011

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: <u>SCI-Camp Hill</u> <u>A B 01-03</u>	DATE: <u>3-19-11</u>
FROM: (INMATE NAME & NUMBER) <u>Anderson Rodney JY-7051</u>	SIGNATURE of INMATE: <u>Rodney Anderson</u>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <u>AB-01-03</u>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

around I got your response to me on 7-13-11.
 I went to sick line on 6-14-11 and saw Mrs Linda Diebart. I had several symptoms and issues. I was bleeding out of my rectum. I was not treated or prescribe anything at all. I bled for another week and saw her again. I told her I filed a grievance. I was checked out, diagnosed, and treated. I saw her several times before with no results. X-rays show my back has a reason to hurt. I was given a knee sleeve permanently by a doctor. She ignored my back, ~~and~~ knee, and rectum until I filed a grievance. I had severe pain until I filed the grievance. Now I am being evaluated. I even gave her a report from my county jail which had me on yard restriction, gym restriction, and work restriction. She ignored it. She to me I sound like a whining baby, to grow a pain (sexual and sexist), then ~~she~~ gives me enough free medication, and that the jail does not care about how much sleep I get. Look at my chart. One PA even gave me muscle relaxers for my back that saw me after her. Look at all the doctor has done compared to her. I bled for 10 days because of this woman. On 6-22-11 she saw ~~her own~~ mistake for my pains.

B. List actions taken and staff you have contacted, before submitting this grievance. *See 369856 GRIEVANCE also.*

I put in sick-call after sick-call to get results that should not have been ignored. I put in a grievance for these results. I requested to see a doctor every single time I saw her. It took from May until now to get a small result. I'm still in pain. I fell down some stairs to go outside. I'm bottom tier restricted, I shouldn't have to climb stairs or go down stairs. I fell on 7-17-11.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

3

Signature of Facility Grievance Coordinator


Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised

Facility Manager's Appeal Response**SCI -Camp Hill**2500 Lisburn Road
Camp Hill, PA. 17001

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.


Inmate Name:	Rodney Anderson	Inmate Number:	JY-7051
Facility:	SCI Camp Hill	Unit Location:	H-Blk
Grievance #:	667518		
Publication (if applicable):			
Decision:	<input checked="" type="checkbox"/> X Uphold Response (UR) <input type="checkbox"/> Uphold in part/Deny in part <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Dismiss/Dismiss Untimely		
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
<p>You allege in your grievance that you had a hard time getting medication for your back. You also allege the older female Doctor was rude and made comments to you. It was determined that you are receiving medication for your back and have also been give exercise to do to help relieve the pain in your back. In the grievance you were not specific as to whom the female was in the grievance. In your appeal you make allegations against PA Dieburt, they should have been brought up in a different grievance not in the appeal. The new issue about your knee and rectal bleeding were not in Grievance 367518 therefore they were not addressed and are not relevant to this grievance; they should have been brought up in a different grievance. I feel the allegations in the grievance have been resolved.</p>			
Signature:			
Title:	Acting Superintendent		
Date:	8/10/11		

cc: DC-15
File

2011

ACTION REQUIRED
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 P.O. Box 598, 2520 Lisburn Road
 Camp Hill, PA 17001-0598

This serves to acknowledge receipt of information based on your intent to appeal the grievance noted below to final review. However, this information is being filed without action since you have failed to comply with one or more provisions outlined in DC-ADM 804, "Inmate Grievance System Policy".


Inmate Name:	Rodney Anderson	Inmate Number:	JY7051
SCI Filed at:	Camp Hill	Current SCI:	Camp Hill
Grievance #:	367518		
Action:	File Without Action/Pending		
<p><i>Review of the information you provided indicates that your appeal is incomplete. You are not permitted to appeal to this Office unless you have complied with the procedures established in the DC-ADM 804 requiring that all documentation relevant to the appeal be provided upon appeal. Therefore, you have fifteen (15) working days from the date of this notice to provide this Office with all completed documents necessary for conducting final review. A failure to provide the missing information (identified below) within this time period may result in a dismissal of your appeal. Further, any future appeals received regarding the above stated grievance(s) or any other grievance that does not contain the requested/required documents, signed and dated, may result in an immediate dismissal of your appeal(s). This notice is only a courtesy from this office and may not be provided again.</i></p>			
Required Information (please forward a copy of those documents checked below):			
Standard or Remanded Appeal to Final Review:		Appeal of Publication Denial:	
<input checked="" type="checkbox"/>	a legible copy of your initial grievance, signed & dated	<input type="checkbox"/>	IPRC decision to deny publication
<input type="checkbox"/>	initial review response/rejection by Grievance Officer	<input type="checkbox"/>	appeal to Facility Manager, signed/dated
<input type="checkbox"/>	a legible copy of your appeal to Facility Manager, signed & dated	<input type="checkbox"/>	Facility Manager's decision
<input type="checkbox"/>	Facility Manager's decision/response	<input type="checkbox"/>	appeal to final review, signed & dated
<input type="checkbox"/>	Remanded initial response		
<input type="checkbox"/>	a legible copy of your 2 nd appeal to Facility Manager	Other necessary document(s) specified below:	
<input type="checkbox"/>	Facility Manager's 2 nd response		
<input type="checkbox"/>	your appeal to final review, signed & dated		
Appeal of Grievance Restriction:			
<input type="checkbox"/>	Grievance Coordinator's notice of grievance restriction		
<input type="checkbox"/>	your appeal of grievance restriction to the Facility Manager, signed & dated		
<input type="checkbox"/>	Facility Manager's response to grievance restriction appeal		
<input type="checkbox"/>	your appeal to final review of grievance restriction, signed & dated		
Please Note:			
<ul style="list-style-type: none"> Photocopying Services - Each facility has established local procedures for photocopying services for inmates housed in general population, as well as for those inmates housed in specialized units. If you are not familiar with these procedures, refer to your Facility Inmate Handbook or ask your Unit Team. Indigent Inmate - If you meet the criteria for indigency, please refer to DC ADM 803 for current guidelines regarding postage and copying charges. 			
Signature:		Grievance Officer	Date: 8/29/2011

KLM

cc: DC-15/Superintendent Ditty (Acting)
 Grievance Office

SEP

2 2011


 9/1/2011

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2011

Secretary's Office of Inmate Grievances & Appeals

Pennsylvania Department of Corrections

P.O. Box 598, 2520 Lisburn Road

Camp Hill, PA 17001-0598

This serves to acknowledge receipt of information associated with your intent to appeal a grievance (identified below, if available) to final review, to communicate your concern(s) to the Secretary's Office of Grievances and Appeals, and/or to check the status of review related to your matter.

Inmate Name	Rodney Anderson	Inmate Number	JY7051
SCI Filed at	Camp Hill	Current SCI	Huntingdon
Grievance # (if available)	[REDACTED]		
		a) You have already received final disposition/review on this issue through this Office. b) This Office has no prior record of receipt of an appeal from you regarding this issue. c) You have already filed a grievance to seek review and resolution of this matter. d) You are encouraged to work through institutional channels to resolve your complaint initially. If unable to resolve your complaint informally, be advised that DC-ADM 804 provides a mechanism for all inmates to seek formal resolution for concerns. e) You failed to provide the official grievance number for identification purposes. f) Your claim to have grieved and/or appealed this concern at the institutional level without response does not entitle you to direct appeal to final review. Rather, contact the Grievance Coordinator or Facility Manager's office regarding the status of your appeal. g) You have not yet appealed this issue to the Facility Manager. Final review will not be granted until you do so. Upon receiving a response from the Facility Manager at the respective facility, you may once again submit a timely written appeal to this Office for final review. Be sure that your appeal to this office includes all the necessary documents as outlined in DC ADM 804. If all documents are not received with your appeal, it may be dismissed. This response does not grant you a right to an appeal if it would otherwise have been untimely to pursue that appeal to the Superintendent. h) <input checked="" type="checkbox"/> Your grievance and/or correspondence is being filed without further action for the reason(s) specified in the Comments/Action Taken section below. i) The following action has been taken in response to the inquiry, request, or concern communicated in your letter.	
Comments/Action Taken			
This office is in receipt of your letter dated 8/31/2011 in which you indicated that you are no longer at SCI Camp Hill and have been transferred to SCI Huntingdon. Records reflect that this office sent you an Action Required letter dated 8/29/2011 at SCI Camp Hill. This document indicates that you need to provide certain documents in order for your appeal to be accepted into final review. Since you were transferred on 8/31/2011, another copy of the Action letter that was sent to you is being provided. Once you receive this letter, you have 15 working days in which to provide the documents noted on the attached letter. Failure to provide the requested documents may result in your appeal being dismissed.			
Signature:		Title:	Grievance Officer
Date:			

KLM

Attachment

cc: DC-15/Superintendent Bickell
Superintendent Ditty (Acting)
Grievance Office

SEP 29 2011



6

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

369856
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: <i>SCI Camp Hill</i>	DATE: <i>6-15-11</i>
FROM: (INMATE NAME & NUMBER) <i>Anderson, Rodney JV-7051</i>	SIGNATURE OF INMATE: <i>Rodney Anderson</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>H B 1-22</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

I went to sick call with all of the following pains and issues and was given no medication to relieve any of the pains ① back pain ② arm and leg numbness ③ Shoulder pain that shoots from the right shoulder, down through the right side of my back, and down to my right knee. ④ Stomach cramps from the new psych meds ⑤ Stool hardening after I got new psych meds ⑥ Rectal bleeding ⑦ Migraines from the new psych meds ⑧ Blurred vision in my right eye.

No treatment or medication was administered or provided. I have seen the same lady at sick call for 5 to 7 times with no results each time. I once saw someone else and was treated and prescribed meds that somehow got canceled. Still in pain a month later. Even brought her my previous county's treatment information

B. List actions taken and staff you have contacted, before submitting this grievance.

I put in a previous grievance. I filled out several sick call slips at #5 each time to only still be in pain. I am in more pain now than I was before. Asked to see a male doctor for my pain. No results.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

7

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

369856

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: <i>SCI Camp Hill</i>	DATE: <i>6-15-11</i>
FROM: (INMATE NAME & NUMBER) <i>Anderson Rodney JV-7051</i>	SIGNATURE of INMATE: <i>Rodney Anderson</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>H B 1-22</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

I went to sick call with all of the following pains and issues and was given no medication to relieve any of the pains ① back pain ② arm and leg numbness ③ Shoulder pain that shoots from the right shoulder, down through the right side of my back, and down to my right knee. ④ Stomache cramps from the new psych meds ⑤ Stool hardening after I got new psych meds ⑥ Rectal bleeding ⑦ Migraines from the new psych meds ⑧ Blurred vision in my right eye.

No treatment or medication was administered or provided. I have seen the same lady at sick call for 5 to 7 times with no results each time. I once saw someone else and was treated and prescribed meds that somehow got cancelled. Still in pain a month later. Even brought her ~~my previous county's treatment information~~

B. List actions taken and staff you have contacted, before submitting this grievance.

I put in a previous grievance. I filled out several sick call slips at #5 each time to only still be in pain. I am in more pain now than I was before. Asked to see a male doctor for my pain. No results.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

309856
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SCI Camp Hill	DATE: 6-15-11
FROM: (INMATE NAME & NUMBER) Anderson, Rodney IV-7051	SIGNATURE of INMATE: Rodney Anderson	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: H B 1-22	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

I went to sick call with all of the following pains and issues and was given no medication to relieve any of the pains ① back pain ② arm and leg numbness ③ Shoulder pain that shoots from the right shoulder, down through the right side of my back, and down to my right knee ④ Stomache cramps from the new psych meds ⑤ Stool hardening after I got new psych meds ⑥ Rectal bleeding ⑦ Migraines from the new psych meds ⑧ Blurred vision in my right eye.

No treatment or medication was administered or provided. I have seen the same lady at sick call for 5 to 7 times with no results each time. I once saw someone else and was treated and prescribed meds that someone got canceled. Still in pain a month later. I've brought her my previous county's treatment information.

B. List actions taken and staff you have contacted, before submitting this grievance.

I put in a previous grievance. I filled out several sick call slips at #5 each time to only still be in pain. I am in more pain now than I was before. Asked to see a male doctor for my pain. No results.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE of INMATE:	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. <p><i>I am writing this grievance because I was denied my right to a fair hearing. I was not given enough time to prepare my case and the hearing was unfair. I was not allowed to see the evidence against me and the hearing was held in a biased manner. I was not given a chance to explain my side of the story and the hearing was not fair. I was not given a chance to see the evidence against me and the hearing was held in a biased manner. I was not given a chance to explain my side of the story and the hearing was not fair.</i></p>		
B. List actions taken and staff you have contacted, before submitting this grievance. <p><i>I have contacted the facility grievance coordinator and the hearing officer. I have also contacted the warden and the deputy warden. I have also contacted the facility grievance coordinator and the hearing officer. I have also contacted the warden and the deputy warden.</i></p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

GRIEVANCE REJECTION

SCI-Camp Hill
2520 Lisburn Road
Camp Hill, PA. 17001

This serves to acknowledge receipt of your grievance to this office. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System", I have reviewed all documents provided as part of the grievance. Upon consideration of the grievance, it is the decision of this office to reject your grievance due to a failure to comply with the provisions of the DC-ADM 804, as specified below.

Inmate Name:	Rodney Anderson	Inmate Number:	JY-7051
Facility:	SCI Camp Hill	Unit Location:	H Block
Grievance #:	369856		
Decision:			
Your grievance is being rejected for the reason(s) outlined below.			
Rationale:			
	1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator.		
	a) DC ADM 801 Inmate Discipline/Misconduct Procedures		
	b) DC ADM 802 Administrative Custody Procedures		
	2. Grievance does not indicate that you were personally affected by a Department or facility action or policy.		
	3. Group grievances are prohibited.		
	4. The grievance was not signed and/or dated with correct commitment name, number, contained UCC references, or was not presented in proper format.		
	5. Grievance must be legible, understandable, and presented in a courteous manner.		
	6. The grievance exceeded the two page limit. Description needs to be brief.		
	7. Grievances based upon different events must be presented separately.		
	8. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.		
	9. You are currently on grievance restriction. You are limited to one grievance every 15 working days. Last grievance # submitted on		
	10. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.		
X	11. The issue(s) presented on the attached grievance has been reviewed and addressed. Prior grievance # 367518.		
	12. The publication appeal was not submitted on the DC 804, Part 1 form and/or did not include a copy of the IPRC denial form.		
	13. Grievance is related to current litigation and will not be addressed in this forum.		
	14. You have not provided this Office with the required documentation for proper review.		
Response:			
Signature:	<i>Sam W. Haggard</i>		
Title:	Facility Grievance Coordinator		
Date:	June 22, 2011		

cc: Superintendent
DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

12
Attachment 1-C

GRIEVANCE REJECTION

SCI-Camp Hill
2520 Lisburn Road
Camp Hill, PA. 17001

This serves to acknowledge receipt of your grievance to this office. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System", I have reviewed all documents provided as part of the grievance. Upon consideration of the grievance, it is the decision of this office to reject your grievance due to a failure to comply with the provisions of the DC-ADM 804, as specified below.

Inmate Name:	Rodney Anderson	Inmate Number:	JY-7051
Facility:	SCI Camp Hill	Unit Location:	H Block
Grievance #:	369856		
Decision:			
Your grievance is being rejected for the reason(s) outlined below.			
Rationale:			
	1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator.		
	a) DC ADM 801 Inmate Discipline/Misconduct Procedures		
	b) DC ADM 802 Administrative Custody Procedures		
	2. Grievance does not indicate that you were personally affected by a Department or facility action or policy.		
	3. Group grievances are prohibited.		
	4. The grievance was not signed and/or dated with correct commitment name, number, contained UCC references, or was not presented in proper format.		
	5. Grievance must be legible, understandable, and presented in a courteous manner.		
	6. The grievance exceeded the two page limit. Description needs to be brief.		
	7. Grievances based upon different events must be presented separately.		
	8. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.		
	9. You are currently on grievance restriction. You are limited to one grievance every 15 working days. Last grievance # submitted on		
	10. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.		
X	11. The issue(s) presented on the attached grievance has been reviewed and addressed. Prior grievance # 367518.		
	12. The publication appeal was not submitted on the DC 804, Part 1 form and/or did not include a copy of the IPRC denial form.		
	13. Grievance is related to current litigation and will not be addressed in this forum.		
	14. You have not provided this Office with the required documentation for proper review.		
Response:			
Signature:	<i>Sam W. Haggard</i>		
Title:	Facility Grievance Coordinator		
Date:	June 22, 2011		

cc: Superintendent
DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-C

RECEIVED Form-DC-135A SCIC INMATE'S REQUEST TO STAFF MEMBER AUG 24 2011		Commonwealth of Pennsylvania Department of Corrections	
		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) CORRECTIONS Superintendent's Assistant / <i>Forward to Medical Records - the facility's Medical Records Supervisor</i>		2. Date: <i>8-18-11</i>	
3. By: (Print Inmate Name and Number) <i>Rodney ANDERSON 547051</i> <i>Rodney Anderson</i> Inmate Signature		4. Counselor's Name <i>Mr. Hubler</i> 5. Unit Manager's Name <i>MR. NOTARFRANCESCO</i>	
6. Work Assignment		7. Housing Assignment <i>A-B: 1-03</i>	
8. Subject: State your request completely but briefly. Give details.			
<i>I want a copy of my entire medical file please. Do I need to send you a DC 108 with this, correct? Send me a copy and send a copy to my lawyer or Public Defender:</i>			
<i>ARI D. WEITZMAN</i> <i>Public Defender's Office</i> <i>2 South 2nd St 2nd Flr</i> <i>HARRISBURG, PA 17101</i>			
9. Response: (This Section for Staff Response Only)			
<i>Mr. Anderson: I will forward this request to the Diagnostic and Classification Records Office as well as the Medical Records Office as they can address your request. There will be a fee associated with this request. It is likely the bill for the reproduction of records will be sent to your public defender.</i>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input checked="" type="checkbox"/>	
cc: SCC Records, Medical Records Office			
Staff Member Name <i>IAN W. THORNTON</i> Print		Sign <i>[Signature]</i> Date <i>August 24, 2011</i>	

DC-108
Revised 12/07PENNSYLVANIA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF INFORMATION
(THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print) <u>RODNEY ANDERSON</u>	Inmate/Employee # <u>57051</u>	Date of Birth <u>4-8-78</u>	Inmate Social Security # <u>414-37-5588</u>
Medical/Dental Records <input checked="" type="checkbox"/>	Mental Health Records <input checked="" type="checkbox"/>	Drug & Alcohol Treatment Records <input type="checkbox"/>	HIV Information <input type="checkbox"/>
Records (General) <input type="checkbox"/>			

I, the undersigned, hereby give my consent for:
(name and address of facility/responder)

MEDICAL RECORDS SUPERVISORS
SCF Camp Hill
P.O. Box 200
Camp Hill, PA 17001

To release information to:
(name and address of requester)

ARI D. WEITZMAN
PUBLIC DEFENDER'S OFFICE
2 South 2nd Street 2nd FLR
PHILADELPHIA, PA 19101

I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period beginning 4-5-11 and ending 8-22-11.
The information being requested is: My entire medical record

Authorization for disclosure is being given for the purpose of:

my lawyer or Public Defender and myself to have a copy of my
medical history here at Camp Hill.

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV). Authorizations for release of mental health records expire in 180 days.

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS. HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection.

Disclosure of general information is information contained in an inmate's DC-15. Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances.

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (MHPA) 50 P.S. §7101 et seq., the Drug and Alcohol Abuse Control Act, 71 P.S. §1690.101 et seq. and the Confidentiality of HIV-Related Information Act, 35 P.S. §7601 et seq.

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 180 days after the date signed, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

Rodney Anderson 8-22-11
 Employee/Inmate Signature Date

 Signature of Witness Date

White Copy - Responder

Yellow Copy - Requester

Pink Copy - Inmate

15

DC-108
Revised 12/07PENNSYLVANIA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF INFORMATION
(THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print) <u>RODNEY ANDERSON</u>	Inmate/Employee # <u>JY7051</u>	Date of Birth <u>4-8-78</u>	Inmate Social Security # <u>414-37-5588</u>
Medical/Dental Records <input checked="" type="checkbox"/>	Mental Health Records <input checked="" type="checkbox"/>	Drug & Alcohol Treatment Records <input type="checkbox"/>	HIV Information <input type="checkbox"/>
Records (General) <input type="checkbox"/>			

I, the undersigned, hereby give my consent for:

(name and address of facility/responder)

MEDICAL RECORDS SUPERVISORS
SCE Camp Hill
P.O. Box 200
Camp Hill, PA 17001

To release information to:
(name and address of requester)

ARI D. WEITZMAN
PUBLIC DEFENDER'S OFFICE
2 South 2nd Street 2nd FLR
HERISBURG, PA 17101

I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period beginning 4-5-11 and ending 8-22-11.The information being requested is: My entire medical record

Authorization for disclosure is being given for the purpose of:

my lawyers or Public Defender and myself to have a copy of my
medical history here at Camp Hill.

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV). Authorizations for release of mental health records expire in 180 days.

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS. HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection.

Disclosure of general information is information contained in an inmate's DC-15. Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances.

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (MHPA) 50 P.S. §7101 et seq., the Drug and Alcohol Abuse Control Act, 71 P.S. §1690.101 et seq. and the Confidentiality of HIV-Related Information Act, 35 P.S. §7601 et seq.

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 180 days after the date signed, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

Rodney Anderson 8-22-11
 Employee/Inmate Signature Date

Signature of Witness

Date

White Copy - Responder

Yellow Copy - Requester

Pink Copy - Inmate

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1021			
1. To: (Name and Title of Officer) CORIZON	2. Date: 11-9-11		
3. By: (Print Inmate Name and Number) Rodney Anderson JY2051 Rodney Anderson Inmate Signature	4. Counselor's Name A. STATHON		
	5. Unit Manager's Name Hollibaugh		
6. Work Assignment	7. Housing Assignment CA 10-21		
8. Subject: State your request completely but briefly. Give details.			
The doctor referred me to an orthopedic pertaining to my wrist and hand. Do you know who or whom will set that up? This was requested for me almost a month ago.			
9. Response (This Section for Staff Response Only)			
A Consult has been approved for you to see Ortho via telemed. Watch call out for Appt date & time.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	
C. B. IZEL PROGRAM MANAGER CORIZON HEALTH Print		C. B. IZEL Sign	
Staff Member Name		Date 11-15-11	

20

Revised July 2000

Form DC-135A	
Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER	
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>MR T. Gembinski</i>	2. Date: <i>12-20-11</i>
3. By: (Print Inmate Name and Number) <i>Rodney Anderson JY7051</i>	4. Counselor's Name <i>A. Stratton</i>
<i>Rodney Anderson</i> Inmate Signature	5. Unit Manager's Name <i>Hollibaugh</i>
6. Work Assignment	7. Housing Assignment <i>CA 10-21</i>
8. Subject: State your request completely but briefly. Give details. <i>I wish to have a complete copy of my mental Health file and history. Do I need a DC-108 form for the release of my information to myself.</i>	
9. Response: (This Section for Staff Response Only)	
<i>Your psychiatric file is maintained in the medical department.</i>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name _____ / C. K. Habley Date 1/3/18.
Print Sign

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>CORIZON CR C. BOOZEL</u>		2. Date: <u>1-16-11 1-16-12</u>	
3. By: (Print Inmate Name and Number) <u>Rodney Anderson 547051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. Strathon</u>	
6. Work Assignment		5. Unit Manager's Name <u>Hollibaugh</u>	
7. Housing Assignment <u>CA-10:21</u>			
8. Subject: State your request completely but briefly. Give details.			
<p>The orthopedic said I will get a MRI done on my hand/wrist back in December. I told your doctors about my pain since I first arrived in August. No results for my hand/wrist and I am still in pain. The doctor keeps giving me Tylenol or Motrin. You aren't suppose to have motrin and Lodine together because they in the same pill family. It gave me headaches and I threw up alot. Can you tell me my MRI date?</p>			
9. Response: (This Section for Staff Response Only)			
MRI IS Scheduled			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

C BOOZEL
PROGRAM MANAGER
Print
CORIZON HEALTH

; C. Boozel
Sign

Date

1-18-12

Revised July 2000



January 30, 2012

Rodney Anderson, JY7051
SCI-Huntingdon

Dear Mr. Anderson:

This is in response to your letter dated November 20, 2011, regarding your medical care at SCI-Camp Hill. Your concerns were reviewed by staff at the Bureau of Health Care Services. It has been determined that the care being provided to you is medically appropriate.

The medical staff at SCI-Huntingdon will continue to address your health care concerns and assess and appropriately treat every medical condition identified. Please direct your future questions and concerns to Dr. Long, Medical Director, and Ms. Showalter, Corrections Health Care Administrator. The grievance process is available to you if you are not satisfied with their responses.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Ellers", written over a horizontal line.

Richard S. Ellers
Director
Bureau of Health Care Services

RSE/MDH/lmd

cc: Superintendent Tabb Bickell
Deputy Superintendent Mark Garman
CHCA Mary Lou Showalter
File (Anderson Rodney JY7051 mdh 1-30-12)

23

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>C. Boozel</i>		2. Date: <i>2-13-12</i>	
3. By: (Print Inmate Name and Number) <i>Rocky Anderson 54751</i> <i>Rocky Anderson</i> Inmate Signature		4. Counselor's Name <i>A. Statten</i>	
6. Work Assignment		5. Unit Manager's Name <i>Hallibaugh</i>	
7. Housing Assignment <i>CA 10-21</i>		8. Subject: State your request completely but briefly. Give details.	
<p><i>My MRI has been ordered or requested by an orthopedic since the beginning of December. My wrist is still in pain and I haven't had a MRI. My January MRI was cancelled, skipped, or forgotten. It has been 90 days of pain and discomfort. I have been delayed treatment for non-medical reasons. It seems as if I am made to suffer by the failure of the jail's staff to provide proper medical care. I have been here over 7 months in pain.</i></p>			
9. Response (This Section for Staff Response Only)			
<p><i>There has been no failure by the medical staff. The MRI clinic was full in January. You are scheduled for your MRI to be done this month. I assure you. I do apologize for the delay.</i></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name *TRACI PARKES*
CORIZON
CLINICAL COORDINATOR / *Traci Parkes*
Print Sign

Date *2/14/12*

.CA.

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
1021		Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) ILL SUBJECT		2. Date: 2-16-12	
3. By: (Print Inmate Name and Number) Rodney Anderson JY7051		4. Counselor's Name A. STRATHON	
Rodney Anderson Inmate Signature		5. Unit Manager's Name Hollibaugh	
6. Work Assignment		7. Housing Assignment CA 10-12	
8. Subject: State your request completely but briefly. Give details.			
<p>I need a copy of 2 of my hand/wrist x-rays, my back x-ray, and my MRI results. I just want specific pages. On 1-16-12 a memo was sent out for copying charges for Medical Records under your department policy for "Release of information"</p>			
9. Response: (This Section for Staff Response Only)			
<p>Mr. Anderson-</p> <p>As per DC Adm 003 inmates are not allowed to possess copies of medical records. The only exception is when you are representing yourself in pro-se litigation</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

K. JACKSON RHIT
PrintK Jackson RHIT
Sign

Date

2/17/12

CA.

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Warden</u>		2. Date: <u>2-17-12</u>	
3. By: (Print Inmate Name and Number) <u>RODNEY ANDERSON JY7051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. STRATTON</u>	
6. Work Assignment		5. Unit Manager's Name <u>Hollibaugh</u>	
		7. Housing Assignment <u>CA 10-21</u>	
8. Subject: State your request completely but briefly. Give details.			
<p>A memo was sent out on 1-10-12 about Copying Charges for Medical Records. I want a copy of my 2 hand/wrist x-ray results of my right hand/wrist. I also want a copy of the x-ray results of my back. The memo states, "if you would like a personal copy, you may purchase one using the copying procedures at the facility." The memo is signed by John E. Witzel. Can I get my copies of my x-ray results please, without having to put in a grievance?</p>			
9. Response: (This Section for Staff Response Only)			
<p>Mr. Anderson:</p> <p>As per DC-Adm 003 inmates are not allowed to possess copies of medical records. The only exception is when you are representing yourself in pro-se litigation. If that is the case we need the court name, caption and docket #. The facility litigation coordinator and chief counsel will make a determination concerning the case. If you are able to receive information, charges will be applied as outlined in DC-Adm 003.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name K. JACKSON RHJT
Print

K Jackson RHJT Sign Date 2/27/12



MEMO

TO

K. Jackson - Medical

FROM

Tabb Bickell

Tabb Bickell
Superintendent

DATE

2/22/12

RE

Attached Inmate Request Slip Jy 7051 Anderson

Please provide a response to the attached request slip. A copy of your response should be provided to my office, the DC-14, and the DC-15.

cc: File

DC-804
Part 1
Rev 9/2010

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SCI-H	DATE: 2-24-12
FROM: (INMATE NAME & NUMBER) RODNEY ANDERSON JY7031	SIGNATURE OF INMATE: <i>Rodney Anderson</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: CA 10-21	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

You put a request slip on 2-16-12 to get a copy of the results of 3 of my X-rays and my MRI. I keep getting denied though you submitted a new policy on 1-10-12 pertaining to copies of our medical information. It was by John E. Wetzel. I am Prose and you can verify that through the Clerk of Courts in Harrisburg. I also sent a request slip on 2-17-12 to my unit manager (Mrs. Hollibaugh) like the name said. I followed the memo. I have been trying forever to get a copy of my medical information. Now I am having to write a grievance about your policy and I have a copy of your memo to verify that I am correct. It follows all the procedure as it used to be. I have a copy of information that I gave you. I will give you permission to receive my medical information. I have it.

B. List actions taken and staff you have contacted, before submitting this grievance.

Mr. Prose is correct. Since I have been asking since I was put with no results in 6 to 7 months and explain how I keep getting ignored and need to continue.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-A

28

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER <div style="text-align: center; font-size: 2em;">121</div>	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <div style="background-color: black; width: 100px; height: 1em;"></div>	2. Date: 2-27-12
3. By: (Print Inmate Name and Number) <u>Rodney Anderson 54531</u> <u>Rodney Anderson</u> Inmate Signature	4. Counselor's Name <u>A. STRATTON</u> 5. Unit Manager's Name <u>Hollibaugh</u>
6. Work Assignment	7. Housing Assignment <u>CA 10-21</u>
8. Subject: State your request completely but briefly. Give details.	
<p>Please explain why I put in a medical slip on Thursday and I still have not been seen. I also was seen on lockdown on 2-14-12 and the nurse was suppose to switch me from Diclofenac 75mg back to Iodine. I was also suppose to get pain medicine also but none came. I am in pain, my knee was swollen for 4 days. From Thursday until today, it finally went down with no help from a doctor or physician assistant. I can't get some service. I been having chest pains again from stressing and coughing up phlegm. I wrote two medical request slips later and I am still the same. Why?</p>	
9. Response: (This Section for Staff Response Only)	
<p>You were on sick call on 2/27/12 but did not show. Your med was changed on 2/14/12 - did you go to pull one to exchange the Voltaren for the Iodine? You are population - we do not deliver your meds to you</p>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name

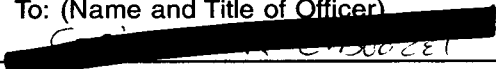
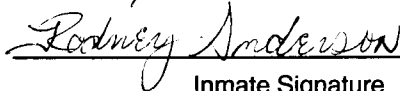
M. L. SHOWALTER RN
CHCA
Print

Sign

Date

2/28/12

162

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) 		2. Date: 2-28-12	
3. By: (Print Inmate Name and Number) Rodney Anderson 547051  Inmate Signature		4. Counselor's Name A. Stratton	
6. Work Assignment		5. Unit Manager's Name Hollibaugh	
7. Housing Assignment CA 10-21			
8. Subject: State your request completely but briefly. Give details.			
<p>Can I please get some medical service? I put in a slip around on 2-14-12 and the jail was on lockdown. I was seen at my cell and my medicine was changed from 75mg of Diclofenac back to Roxane or Ectodolac and pain medicine. I requested to see a doctor to complain about not getting my MRI and my back. I put in another medical request slip on Thursday and I still have not been seen yet. I'm still in pain. My knee was swollen for 4 days, from Thursday until Monday. I am still in pain and why?</p>			
9. Response: (This Section for Staff Response Only)			
<p>you need to sign up for sick call again to have your issues addressed in person</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____

Sign

Date 2-28-12

Revised July 2000

C. R. ISC 1680
PA - C

32

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections	
121		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Tabb Bickell</u>		2. Date: <u>2-28-12</u>	
3. By: (Print Inmate Name and Number) <u>Rodney Anderson JY1051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. Stratten</u>	
		5. Unit Manager's Name <u>Hollibaugh</u>	
6. Work Assignment		7. Housing Assignment <u>CA 10-21</u>	
8. Subject: State your request completely but briefly. Give details.			
<p>I AM REQUESTING A COPY OF 2 OF MY X-RAYS OF MY RIGHT HAND/RIGHT WRIST. I MEAN THE TEST RESULTS. I ALSO WANT A COPY OF THE X-RAY RESULTS OF MY BACK. I ALSO WOULD LIKE A COPY OF MY MRI RESULTS.</p> <p>CASE # <u>CP-22-CR-1010-2009</u> <u>Dauphin County Clerk of Courts Office</u> <u>101 MARKET STREET</u> <u>HARRISBURG, PA 17101</u></p>			
9. Response: (This Section for Staff Response Only)			
<p><u>Mr Anderson, since you have chosen to address this concern using the</u> <u>inmate grievance system, it will not be addressed in this request slip.</u></p>			
To DC-14 CAR only <input type="checkbox"/>			
To DC-14 CAR and DG-15 IRS <input checked="" type="checkbox"/> <u>402545</u>			

Staff Member Name _____

Print

Sign

Date

2/29/12

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <u>Tabb Bickell</u>	2. Date: <u>2-29-12</u>
3. By: (Print Inmate Name and Number) <u>Rodney Anderson 547051</u> <u>Rodney Anderson</u> Inmate Signature	4. Counselor's Name <u>A. Stratton</u> 5. Unit Manager's Name <u>Hollibaugh</u>
6. Work Assignment	7. Housing Assignment <u>CA 10-21</u>
8. Subject: State your request completely but briefly. Give details.	
<p><i>You tell me to send you the information about me being Pro SE to get the paperwork I requested. I do it and I don't get the paperwork. I sent you the information that K. Jackson requested on my 2-17-12. Again, the address is Dauphin County, Clerk of Courts, 101 Market Street, Harrisburg, PA 1701</i></p>	
Case # <u>CP-22-CR-1010-2009</u>	
<p><i>You keep stalling to give me my own medical information for no reason at all. You even have a memo that tells us the price for copies and ends with contacting the unit manager. I did. I have done all that has been required of me. I followed your policy. Still no results. That's why I had to file a grievance. I just want my 2 x-ray results of my right hand/wrist, my black x-ray results, and my MRI results of my right hand/wrist. Should go to the litigation coordinator and chief counsel.</i></p>	
9. Response: (This Section for Staff Response Only)	
<p><i>Mr. Anderson, Ms Jackson in Medical Records is handling this request.</i></p>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/> <i>file</i>

Staff Member Name

Print

/

Sign

Date

3/5/12

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) K. Jackson	2. Date: 2-29-12
3. By: (Print Inmate Name and Number) <u>RODNEY ANDERSON JY7051</u> <u>Rodney Anderson</u> Inmate Signature	4. Counselor's Name A. STRATTON 5. Unit Manager's Name Hollibaugh
6. Work Assignment	7. Housing Assignment CA 10-21
8. Subject: State your request completely but briefly. Give details.	
<p>Here is my case #, CP-22-CR 1010-2009. I am Pro Se. The address is Dauphin County Clerk of Court 101 Market Street Harrisburg, PA 17101</p>	
<p>You said to send the info so that the facility's litigation coordinator and chief counsel could make a determination. I agree to accept the charges for it. I want a copy of the 2 test results of the x-rays of my right hand/right wrist, the x-ray results of my back, and a copy of my MRI results of my right hand/right wrist.</p>	
9. Response: (This Section for Staff Response Only)	
<p>Your request for copies of medical records has been denied by Chief Counsel. Although you are pro-se this is regarding an appeal or PERA challenging your conviction so your medical records do not appear to be at all related to the legal proceeding. If you can show a paper that you filed with the court or a court order that shows that your medical records are relevant, your request will be reconsidered by Chief Counsel.</p>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name

K. JACKSON RHIT

Print

Sign

Date

3/14/12

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Ms Jackson / Medical Records	2. Date: 3-12-12	1021	
3. By: (Print Inmate Name and Number) Rodney Anderson 547051 <i>Rodney Anderson</i> Inmate Signature	4. Counselor's Name A. Stanton		
6. Work Assignment	5. Unit Manager's Name Hollibaugh		
7. Housing Assignment CA10-21			
8. Subject: State your request completely but briefly. Give details.			
<p>I have placed your jail's own policy or memo as an example to I am correct that we can possess copies of our medical information. I am Pro Se (my own attorney) and I am currently conducting my appeal. The case # is CI-22-CR-1010-2009. It is out of Dauphin County. 101 Market Street, Harrisburg, PA 17101 is the clerk of courts address so that you can verify that I am Pro Se. I asked you, the warden, Jall Bickell, C Boozel, Ms Showalter, etc... about getting a copy. Everyone kinda ignored it or swept it under the table. I have met your requirements and I also am allowed to possess a copy due to the memo which was effective on 1-17-12.</p>			
9. Response: (This Section for Staff Response Only)			
<p>Mr. Anderson-</p> <p>Your request for copies of medical records has been denied by Chief Counsel. Although you are prose, this is regarding an appeal or PLEA challenging your conviction so your medical records do not appear to be at all related to the legal proceeding. If you can show a paper that you filed with the court or court order that shows that your med records are relevant, your request will be reconsidered by chief counsel.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name K. JACKSON RHIT / K Jackson. RHIT Date 3/14/12
 Print Sign

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer)	2. Date:		
3. By: (Print Inmate Name and Number)	4. Counselor's Name		
	5. Unit Manager's Name		
6. Work Assignment	7. Housing Assignment		
8. Subject: State your request completely but briefly. Give details.			
<p>Do you know Ben Hays? He's a friend of mine and he's in the hospital. I want to see him and his wife.</p>			
9. Response: (This Section for Staff Response Only)			
<p>You need to have a CT scan to determine the treatment plan. That scan has been scheduled.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	
Staff Member Name <u>TRACI PARKES</u> CLINICAL COORDINATOR Print		<u>Traci Parkes</u> Sign	
		Date <u>3-27-12</u>	

DC-138A		CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE					
INSTITUTIONAL NUMBER <u>SY7051</u>	LOCATION <u>CH 10-21</u>	DATE <u>3-23-12</u>			
2. RECEIVING INMATE					
INSTITUTIONAL NUMBER <u>SY7051</u>	LOCATION <u>CH 10-21</u>	DATE			
3. ITEMS TO BE CHARGED TO MY ACCOUNT					
MEDICAL CO-PAY					
Sick Call Medical/Dental (\$5.00)					
Prescriptions # _____ (\$5.00 each)					
Self Inflicted Injury (\$5.00)					
Assaulted by # _____					
Sports Injury (\$5.00)					
Sports Physical (\$5.00)					
Telebinocular exam in conjunction with Eyewear Policy (\$5.00)					
TOTAL CHARGE THIS VISIT: \$ _____					
4. INMATE'S SIGNATURE <u>Anthony Anderson</u>				5. OFFICIAL APPROVAL	
6. BUSINESS OFFICES SPACE					
CHARGE ENTERED	DATE	BOOKKEEPER			

Block: CH 10-21MEDICAL/ DENTAL
SICK CALL REQUEST00
M

DATE: _____

TIME: _____

INMATE NAME: Anthony AndersonINMATE NUMBER: SY7051

Sick call is for

(Medical)

Dental

Circle one of the above

PROBLEM: Follow up!Isack Pain/Knee SwollenElavil runs out at the end of this month. Also my bottom back/bottom
tier status needs renewed.

TO SIGN UP FOR SICK CALL: COMPLETE THE ABOVE FORM AND SECTION # 1 AND SECTION # 4 ON THE ATTACHED CASH SLIP.

I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE SUBJECT TO THE FEES AS PER DC-ADM 820; CO-PAYMENT FOR MEDICAL SERVICES. THE PRACTITIONER THAT SEES YOU WILL DETERMINE IF YOU ARE TO BE CHARGED OR NOT.

If the visit is not chargeable this form will be destroyed.

After the sick call charges are completed the cash slip portion will be torn off and only the cash slip will be sent to Inmate Accounts.

PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL BOX ON YOUR HOUSING UNIT.

DC-138A		CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE					
INSTITUTIONAL NUMBER 577051		LOCATION CA 10-21		DATE 09-11-14	
2. RECEIVING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
3. ITEMS TO BE CHARGED TO MY ACCOUNT					
MEDICAL CO-PAY					
<input type="checkbox"/> Sick Call Medical/Dental (\$5.00) <input type="checkbox"/> Prescriptions # _____ (\$5.00 each) <input type="checkbox"/> Self Inflicted Injury (\$5.00) <input type="checkbox"/> Assaulted by # _____ <input type="checkbox"/> Sports Injury (\$5.00) <input type="checkbox"/> Sports Physical (\$5.00) <input type="checkbox"/> Telebinocular exam in conjunction with Eyewear Policy (\$5.00)					
TOTAL CHARGE THIS VISIT: \$ _____					
				WITNESS SIGNATURE	
4. INMATE'S SIGNATURE [Signature]				5. OFFICIAL APPROVAL	
6. BUSINESS OFFICE'S SPACE					
CHARGE ENTERED		DATE		BOOKKEEPER	

Block: CA 10-21

**MEDICAL/ DENTAL
SICK CALL REQUEST**

DATE: _____ TIME: _____

INMATE NAME: RODNEY AUGUST NUMBER: 577051

Sick call is for

☒ Medical ☐ Dental
 Circle one of the above

 Follow up! Sick hand/knee Swollen/knee pain
 Problem:

I have run out soon at the end of this month.
 Also my bottom back/bottom back starts needs
 to be reversed and reversed.

TO SIGN UP FOR SICK CALL: COMPLETE THE ABOVE
 FORM AND SECTION # 1 AND SECTION # 4 ON THE
 ATTACHED CASH SLIP.

I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE
 SUBJECT TO THE FEES AS PER DC-ADM 820; CO-
 PAYMENT FOR MEDICAL SERVICES. THE PRACTITIONER
 THAT SEES YOU WILL DETERMINE IF YOU ARE TO BE
 CHARGED OR NOT.

If the visit is not chargeable this form will be destroyed.

After the sick call charges are completed the cash slip
 portion will be torn off and only the cash slip will be sent to
 Inmate Accounts.

PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL
 BOX ON YOUR HOUSING UNIT.

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>C. Booze</u>		2. Date: <u>4-2-12</u>	
3. By: (Print Inmate Name and Number) <u>Rodney Anderson 547051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. Stratton</u>	
6. Work Assignment		5. Unit Manager's Name <u>Hollibaugh</u>	
		Housing Assignment <u>CN 10-21</u>	
8. Subject: State your request completely but briefly. Give details.			
<u>I have a swollen knee. I saw Bryan Doyne the doctor. He ignored it. I got no service. It hurts alot. I think his name is Doyne. I want a nurse present if I see him again</u>			
9. Response: (This Section for Staff Response Only)			
<u>Sign up for sick call</u>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

C BOOZEL
PROGRAM MANAGER
CORIZON HEALTH

Sign

Date

4-4-12

DC-1.8A		CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE					
INSTITUTIONAL NUMBER 24-1051	LOCATION CA-10-21	DATE 4-3-12			
2. RECEIVING INMATE					
INSTITUTIONAL NUMBER	LOCATION	DATE			
3. ITEMS TO BE CHARGED TO MY ACCOUNT					
MEDICAL CO-PAY					
Sick Call Medical/Dental (\$5.00)					
Prescriptions # _____ (\$5.00 each)					
Self Inflicted Injury (\$5.00)					
Assaulted by # _____					
Sports Injury (\$5.00)					
Sports Physical (\$5.00)					
Telebinocular exam in conjunction with Eyewear Policy (\$5.00)					
TOTAL CHARGE THIS VISIT: \$ _____					
4. INMATE'S SIGNATURE <i>Rodney J. Anderson</i>			5. OFFICIAL APPROVAL		
6. BUSINESS OFFICE'S SPACE			BOOKKEEPER		
CHARGE ENTERED	DATE				

Block: CA-10-21

**MEDICAL/ DENTAL
SICK CALL REQUEST**

DATE: _____

TIME: _____

INMATE NAME: Rodney J. Anderson NUMBER: 247051

Sick call is for

☒ Medical ☐ Dental
Circle one of the above

Follow up!
PROBLEM: Knee has a lump on the back and it
is swollen. Saw Dr. Dayne today and he ignored
it. Hurts alot! Back muscle tight. Lower back tight.
hook at my back x-ray results. Shows are the list and
deterioration. That's a reason for the pain. Please help.

TO SIGN UP FOR SICK CALL: COMPLETE THE ABOVE
FORM AND SECTION # 1 AND SECTION # 4 ON THE
ATTACHED CASH SLIP.

I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE
SUBJECT TO THE FEES AS PER DC-ADM 820; CO-
PAYMENT FOR MEDICAL SERVICES. THE PRACTITIONER
THAT SEES YOU WILL DETERMINE IF YOU ARE TO BE
CHARGED OR NOT.

If the visit is not chargeable this form will be destroyed.

After the sick call charges are completed the cash slip
portion will be torn off and only the cash slip will be sent to
Inmate Accounts.

PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL
BOX ON YOUR HOUSING UNIT.

DC-804
Part 1
Rev 9/2010

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SCI-H	DATE: 4-3-12
FROM: (INMATE NAME & NUMBER) Rodney Anderson JY7051	SIGNATURE OF INMATE: <i>Rodney Anderson</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: CA=10-21	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

I put in a medical Request slip on 3-23-12, 3-29-12, and today. I keep having to see Doctor Dayne who ignores my pain, the swelling of my knee, and my back pain. On 4-2-12 I was on the sick line list but I was taken to Huntingdon's hospital about my hand and one wrist. I was never seen. I saw Dr. Dayne today and he NEVER checked my back and my knee has a lump or knot that keeps swelling. No medical results and I have been here 7 to 8 months in pain daily, suffering daily, having to work in pain, having to do all my daily activities in pain, and daily I have to deal with my right knee/right wrist/right hand constantly hurting. Look at all of my X-ray results. The doctor said get out of the chair and out of

B. List actions taken and staff you have contacted, before submitting this grievance.

his office before he calls a C.O. and I go to the hole. The knot is still there and so is the pain/suffering. Please provide proper care for my pain and send me to someone else instead of Dr. Dayne.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-A

42

DC-804
Part 1
Rev 9/2010

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE
407311
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SCI-H	DATE: 4-3-12
FROM: (INMATE NAME & NUMBER) Rodney Anderson JY7051	SIGNATURE OF INMATE: Rodney Anderson	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: CA#10-21	
<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. 		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.</p> <p>I put in a medical Request slip on 3-23-12, 3-29-12, and today. I keep having to see Doctor Dayne who ignores my pain, the swelling of my knee, and my back pain. On 4-2-12 I was on the sick line list but I was taken to Huntingdon's hospital about my hand and wrist. I was never seen. I saw Dr. Dayne today and he never checked my back and my knee has a lump or knot that keeps swelling. No medical results and I have been here 7 to 8 months in pain daily, suffering daily, having to work in pain, having to do all my daily activities in pain, and daily I have to deal with my right knee/right wrist/right hand constantly hurting. Look at all of my X-ray results. The doctor said get out of the chair and out of his office before he calls a C.O. and I go to the hole. The knot is still there and so is the pain/suffering. Please provide proper care for my pain and send me to someone else instead of Dr. Dayne.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Connie Green
Signature of Facility Grievance Coordinator

4/5/12
Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

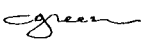
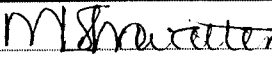
Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-A

INITIAL REVIEW RESPONSE

SCI-Huntingdon
1000 Pike St.
Huntingdon, PA 16831-1112

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Inmate Name:	Anderson, Rodney	Inmate Number:	JY7051
Facility:	HUN	Unit Location:	CA-Unit
Grievance #:	407311	Grievance Date:	4/03/2012
Publication (if applicable):			
Decision:	<input type="checkbox"/> Uphold Inmate <input checked="" type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in Part/Deny in Part		
<i>It is the decision of this grievance officer to uphold or deny the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:	Frivolous <input type="checkbox"/>		
Your grievance dated 4/3/12 in which you complain that Dr. Dayan did not address your issues has been received and investigated.			
You indicate that you submitted sick call slips on 3/23, 3/29 and 4/3/12. Review of your medical chart shows you were seen by Dr. Dayan on 3/30/12 requesting bottom bunk and bottom tier renewal secondary to your right knee pain and low back pain. He did this and also continued the Elavil for your pain. You were next seen on 4/3/12 by Dr. Dayan he reviewed your x-rays for each of the areas you complained about. He did order blood work as a result of your complaints. This will be done this week. Further review of your medical record indicates you have a history of becoming argumentative with the practitioner when you feel they are not doing what you want them to do for you. Dr. Dayan will not argue with you, if you become argumentative, the visit will be terminated.			
You were on sick call again for 4/5/12 and seen by the CRNP, she ordered different medication and an ultrasound for your leg.			
Your medical care has been appropriate. You cannot dictate which practitioner you will be seen by. This grievance is without merit and is denied.			
			
Signature:	Mary Lou Showalter 		
Title:	Correctional Health Care Administrator		
Date:	4/09/2012		

MLS:dl

cc: Superintendent, Nurse Supervisor(s), DC-15, A. Stratton, File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review

Issued: 12/1/2010
 Effective: 12/8/2010

Attachment 1-D

44

DC-804
Part 1
Rev 9/2010

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE
407311 Appeal
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SCI - H	DATE: 4-9-12
FROM: (INMATE NAME & NUMBER) Rodney Anderson JY7051	SIGNATURE OF INMATE: Rodney Anderson	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: CA-10-21	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

You are blaming me for pulling in a medical slip for pain, asking doctor Sayne to review my prior medical history, and asking to see my prior medical information. In a request slip you stated I could put in a medical slip to review my prior test results. He looks at them but I don't get to see them. I ask to see them to show my prior pains and injuries. I was injured over 8 to 9 months ago at Camp Hill and Horizon is the company that does our medical department and Camp Hill also. I asked him to renew my Elavil and I said I needed another paper to maintain my bottom bunk and cotton clothes because of my pains/injuries. It does not say I argue with my doctor about treatment. I don't argue. I always

B. List actions taken and staff you have contacted, before submitting this grievance.

Say review my file & records. I have all the proof you need about my injuries. No need to argue my point when all the test prove me to be correct. Back/knee/hand/wrist still hurt. I got

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Myself, reviewed by the PA and the assign doctor. I work in pain and it hurts so much. No results yet. Date

Signature of Facility Grievance Coordinator

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

DC-804
Part 1
Rev 9/2010

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SCE-H	DATE: 4-10-12
FROM: (INMATE NAME & NUMBER) Rodney Anderson JY7051	SIGNATURE OF INMATE: <i>Rodney Anderson</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: C-10-31	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

You do not have a means for cotton lined / bottomless inmates to get to the ~~down~~ church services without using stairs. My three siblings live down it and this is an downstairs ~~down~~ church services. You do have an elevator to ensure that our freedom of religion is maintained by the facility. It is not fair to anyone who has injuries and pain to not have a better way to go upstairs without pain and suffering. This violates the 1st and 14th Amendment of freedom of speech. It is not illegal to have a better way to go up stairs.

B. List actions taken and staff you have contacted, before submitting this grievance.

Solution that I may attend church without any pain to the blem.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-A

46

Appeal of Grievance # 407311

DC-804
Part 1
Rev 9/2010

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE
407311 Appeal
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SCZ-H	DATE: 4-13-12
FROM: (INMATE NAME & NUMBER) Rodney Anderson JY7051	SIGNATURE OF INMATE: Rodney Anderson	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: CA70-21	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

I never argued with anyone. I told him about my pain. He never touched my back nor my knee at all. I told him that my pains started because of my back and it went to my right leg, then I fell down the stairs at Camp Hill. I asked for pain medicine and I asked him to review my X-rays and my MRI. He looked and refused to show me the results, not did he allow me to read them. I had a lump on the back of my leg behind my knee. I asked him if I could get my knee and back scheduled for an MRI. He said no and he would continue my elavil. I asked for stronger pain medicine and he said no. I said my X-rays prove that I have pains and he said to get out of his chair before he calls a doc. and I get sent to

B. List actions taken and staff you have contacted, before submitting this grievance.

the hole. I said yes sir. I put in another request slip and the physician assistant felt my lump and my back. She gave me a muscle relaxer and Tylenol, then 2 ultrasound for my knee. I don't argue, I just file a grievance. I've been here 7 to 8 months in pain since I arrived

Your grievance has been received and will be processed in accordance with DC-ADM 804.

and my medical history file shows that I have a real reason to be in pain. I have to work, live, and do my daily activities in constant pain, please

Signature of Facility Grievance Coordinator

Date

resolve my pain issues. He saw me 8 times and only reordered my elavil after I

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy

GOLDEN ROD Inmate Copy

and when I came out, he didn't review my notes because I was done by the physician assistant days later, I suggested an MRI, and he never felt my back/my right leg or my right wrist. Tell me why am I still in pain constantly.

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review

Attachment 1-A

Issued: 12/1/2010
Effective: 12/8/2010

47

Facility Manager's Appeal Response


SCI-Huntingdon

1100 Pike St.

Huntingdon, PA 16654-1112

1021

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy," the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me, and any other documents submitted.

Inmate Name:	Rodney Anderson	Inmate Number:	JY7051
Facility:	HUN	Unit Location:	CA-Unit
Grievance #:	407311		
Publication (if applicable):			
Decision:	<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold in part/Deny in part <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Dismiss/Dismiss Untimely		
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/deny in part. This response will include a brief rationale summarizing the conclusion and any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	Frivolous		
<p>In reviewing your grievance and appeal, I note that your concern with Dr. Dayan and your health care was appropriately addressed by Ms. Showalter. In your appeal, you claim that you asked Dr. Dayan if you could be scheduled for an MRI for your back and knee as you are in constant pain. Ms. Showalter has thoroughly responded to your concerns, and she has outlined the steps that have been taken to treat your pain. X-rays were done and Dr. Dayan reviewed them with you on 4-3-12. In addition, he ordered blood work. Two days later you were seen by the CRNP and a different medication and an ultrasound were ordered. Ms. Showalter has informed me your blood work has been returned; therefore, you should sign up for sick call to review your labs with a practitioner. In addition, an ultrasound will be scheduled. I must agree your health care has been adequate and appropriate. I also must remind you that if you become argumentative with the practitioner, your visit will be terminated.</p> <p>In closing, I can only reiterate that I uphold the response provided by the grievance officer. Your grievance is found to be without merit.</p>			
Signature:	Tabb Bickell 		
Title:	Facility Manager		
Date:	4-30-12		

cc: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 - Appeals

Issued: 12/1/2010
 Effective: 12/8/2010

Attachment 2-B

48

DC-138A		CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE					
INSTITUTIONAL NUMBER <u>547051</u>		LOCATION <u>C4 1021</u>		DATE <u>4-20-12</u>	
2. RECEIVING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
3. ITEMS TO BE CHARGED TO MY ACCOUNT					
MEDICAL CO-PAY					
Sick Call Medical/Dental (\$5.00)					
Prescriptions # _____ (\$5.00 each)					
Self Inflicted Injury (\$5.00)					
Assaulted by # _____					
Sports Injury (\$5.00)					
Sports Physical (\$5.00)					
Telebinoocular exam in conjunction with Eyewear Policy (\$5.00)					
TOTAL CHARGE THIS VISIT: \$ _____					
INMATE'S SIGNATURE <u>Rodney Anderson</u>				WITNESS SIGNATURE	
OFFICIAL APPROVAL				BOOKKEEPER	
6. BUSINESS OFFICE'S SPACE					
CHARGE ENTERED		DATE		BOOKKEEPER	

Block: _____

**MEDICAL/DENTAL
SICK CALL REQUEST**

DATE: _____ TIME: _____

INMATE NAME: Rodney Anderson NUMBER: 547051Sick call is for Medical Dental

Circle one of the above

Follow up Back Pain (stiff and tight)PROBLEM: Knee Pain (swollen and sore) wrist +hand pain (swollen, sore, and stiff)

TO SIGN UP FOR SICK CALL: COMPLETE THE ABOVE FORM AND SECTION # 1 AND SECTION # 4 ON THE ATTACHED CASH SLIP.

I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE SUBJECT TO THE FEES AS PER DC-ADM 820; CO-PAYMENT FOR MEDICAL SERVICES. THE PRACTITIONER THAT SEES YOU WILL DETERMINE IF YOU ARE TO BE CHARGED OR NOT.

If the visit is not chargeable this form will be destroyed.

After the sick call charges are completed the cash slip portion will be torn off and only the cash slip will be sent to Inmate Accounts.

PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL BOX ON YOUR HOUSING UNIT.

DC-138A		CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE					
INSTITUTIONAL NUMBER <u>SY7051</u>		LOCATION <u>CA 10-21</u>		DATE <u>6-2-12</u>	
2. RECEIVING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
3. ITEMS TO BE CHARGED TO MY ACCOUNT					
MEDICAL CO-PAY					
_____ Sick Call Medical/Dental (\$5.00) _____ Prescriptions # _____ (\$5.00 each) _____ Self Inflicted Injury (\$5.00) _____ Assaulted by # _____ _____ Sports Injury (\$5.00) _____ Sports Physical (\$5.00) _____ Telebinocular exam in conjunction with Eyewear Policy (\$5.00)					
TOTAL CHARGE THIS VISIT: \$ _____					
4. INMATE'S SIGNATURE <u>Rodney Anderson</u>				5. OFFICIAL APPROVAL	
6. BUSINESS OFFICE'S SPACE				WITNESS SIGNATURE	
CHARGE ENTERED		DATE		BOOKKEEPER	

Block: _____

**MEDICAL/ DENTAL
SICK CALL REQUEST**

DATE: _____ TIME: _____

INMATE NAME: Rodney Anderson NUMBER: SY7051

Sick call is for

Medical Dental
Circle one of the above

PROBLEM:

fig'ing up Back pain, knee pain, migraines,
foot pain or swollen spot on left foot, hand and
wrist hurts, iodine ran out of bottom bunk/ bottom
the restriction does not contain back and wrist problem,
and I want to see my M.E. and x-ray results
 TO SIGN UP FOR SICK CALL: COMPLETE THE ABOVE
 FORM AND SECTION # 1 AND SECTION # 4 ON THE
 ATTACHED CASH SLIP.

I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE
 SUBJECT TO THE FEES AS PER DC-ADM 820; CO-
 PAYMENT FOR MEDICAL SERVICES. THE PRACTITIONER
 THAT SEES YOU WILL DETERMINE IF YOU ARE TO BE
 CHARGED OR NOT.

If the visit is not chargeable this form will be destroyed.

After the sick call charges are completed the cash slip
 portion will be torn off and only the cash slip will be sent to
 Inmate Accounts.

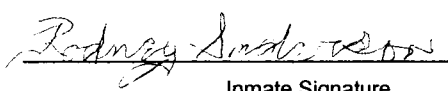
PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL
 BOX ON YOUR HOUSING UNIT.

CA.

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>[REDACTED]</u>		2. Date: <u>9-28-12</u>	
3. By: (Print Inmate Name and Number) <u>R.J. ANDERSON JY7051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. Stratton</u>	
6. Work Assignment		5. Unit Manager's Name <u>Hollibaugh</u>	
		7. Housing Assignment <u>CA10-21</u> <u>CA10-21</u>	
8. Subject: State your request completely but briefly. Give details.			
<u>CAN I get copies of my medical file mailed home but charge</u> <u>the \$0.10 per page to my account? I only want a few specific</u> <u>PAGES.</u>			
9. Response: (This Section for Staff Response Only)			
<u>Mr. Anderson-</u> <u>As per DC-Adm 003 inmates are not allowed</u> <u>to possess copies of medical records.</u> <u>once you are released your personal attorney</u> <u>a person or organization the inmate is applying for</u> <u>benefits, a person or organization that is or maybe</u> <u>providing treatment can request a copy of your records</u>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name R. JACKSON RHIT R. Jackson RHIT Date 10/2/12
 Print Sign

-CA-

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		<div style="font-size: 48pt; text-align: center;">1021</div> INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Anderson (Superintendent)	2. Date: 10-16-12		
3. By: (Print Inmate Name and Number) R.J. ANDERSON JV7051	4. Counselor's Name A. STRATHON		
 Inmate Signature	5. Unit Manager's Name Hollibaugh		
6. Work Assignment AM Kitchen	7. Housing Assignment CA:10-21		
8. Subject: State your request completely but briefly. Give details.			
<p>I fell down some stairs at Camp Hill on 7-17-11 and I injured my hand, wrist, upper back/neck, and my knee. It took me 1 year and 2 months to get the surgery on my hand/wrist. After my surgery I came back to Huntingdon Prison. I was told to go to work and that I had no lay-in. After a few days of work, my hand/wrist became swollen and I was give 2 different 1 week lay-in. My issue is that I am not getting paid. No Kitchen pay (no vacation days, sick time, or personal days), GLP, or Medical pay. Why not? Sending me to work caused my hand to swell. I have worked in the kitchen for almost a year. I am asking this before I grieve it all.</p>			
9. Response: (This Section for Staff Response Only)			
<p>Nonwork related injuries which result in a lay-in from work does not get pay. This is per policy.</p> <p>If the practitioner feels you cannot work for a period of at least 3 months you can be mediclally reassigned. You may discuss this with the practitioner by going through sick call screening</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name M.L. SHOWALTER RN M. Showalter Date 10-22-12
CHCA Sign

-CA-

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
121			
1. To: (Name and Title of Officer) MR. J. BICKETT		2. Date: 10-19-12 (10-19-12)	
3. By: (Print Inmate Name and Number) R. J. ANDERSON JY7051 R. J. ANDERSON Inmate Signature		4. Counselor's Name A. STRATTON	
		5. Unit Manager's Name Libaugh sing Assignment 7:10-21	
6. Work Assignment AM Kitchen/Medical Lay-in			
8. Subject: State your request completely but briefly. Give details. I had surgery on my hand/wrist on 9-25-12. Upon my return to Huntington I was not given a medical lay-in. I was told to go to work. I was seen by medical after I complained of pain. My hand became swollen at work and I saw you and talked to you about it. You called medical and I was seen by the doctor and given a medical lay-in. The doctor or the orthopedic gave me a hard cast and 4 weeks of lay-in or work restriction because of the swelling. The swelling was because of me working. I thought I was on a paid lay-in until I return to work. It is not my fault that I had to go to work. I didn't want a DC 141 nor did I want to lose my job. Am I on paid medical lay-in, GLP, still on the kitchen pay-roll on paid leave, or nothing/no pay? I need to know so that I know that I am getting paid or that I may grieve the matter because my swelling occurred from working or while working.			
9. Response: (This Section for Staff Response Only)			
This is not a work related injury. Per policy lay-ins for non work related injuries are not paid.			
Swelling during work is <u>not</u> a work related injury.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	
M. L. SHOWALTER RN CHCA Staff Member Name		M. Showalter Sign	
Print		Date 10/25/12	

CA.

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>C. BOOZEL</u>		2. Date: <u>1-18-13</u>	
3. By: (Print Inmate Name and Number) <u>Rodney Anderson JY7051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. STRATTON</u>	
6. Work Assignment		5. Unit Manager's Name <u>Hollibaugh</u>	
		7. Housing Assignment <u>CA:10-21</u>	
8. Subject: State your request completely but briefly. Give details.			
<p>My family and my girlfriend wish to know my medical history and health. I wish to send them copies of my X-RAY results, the MRI results, and a few other pages. I will sign a release of information form and I will pay for the pages I want to send out. Please explain what I have to do.</p>			
9. Response: (This Section for Staff Response Only)			
<p>Mr. Anderson -</p> <p>It is the D.O.C. policy that medical records are only released to an inmate's attorney or a medical professional or agency involved in the inmate's continuing medical care.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name K. JACKSON RHIT
Print

K Jackson RHIT
Sign

Date 1/22/13

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Mrs. [Redacted]</i>	2. Date: <i>9-4-13</i>		
3. By: (Print Inmate Name and Number) <i>Rodney Anderson JV7051</i> <i>Rodney Anderson</i> Inmate Signature	4. Counselor's Name <i>A. Stratton</i>		
6. Work Assignment <i>AM Kitchen</i>	5. Unit Manager's Name <i>Hollibaugh</i>		
7. Housing Assignment <i>CA: 10-14</i>			
8. Subject: State your request completely but briefly. Give details.			
<p><i>I take clonid at night to sleep through my pain (knee, arthritis, back, etc...). The doctor prescribe it for me. At times it is difficult to wake up. I have received warnings and write-ups for not waking up and standing for count. Can you please inform staff on my block that I do take a sleep aid? I do not want to be sent to the PHU or the hole for sleeping through morning counts when I take medication to sleep.</i></p>			
9. Response: (This Section for Staff Response Only)			
<p><i>Mr. Anderson - perhaps you need to discuss your dose with whoever orders it for you because there should not be a problem with you waking for count.</i></p>			
<p><i>[Signature]</i></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Sign

Date

Revised July 2000

55

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) M. [REDACTED]		2. Date: 9-18-13	
3. By: (Print Inmate Name and Number) Rodney Anderson 5Y7051 <i>Rodney Anderson</i> Inmate Signature		4. Counselor's Name Stratton	
		5. Unit Manager's Name Hollibaugh	
6. Work Assignment AM Kitchen		7. Housing Assignment CA:1-22	
8. Subject: State your request completely but briefly. Give details.			
<p>How do I get on the list to see a doctor instead of physician assistant? I want address my chronic clinic issues and to have the doctor check out my high sugar and triglycerides. Both have been way too high for way too long. All the physician assistant only switch my medicine constantly with no results. None have worked. They just say I am borderline diabetic. Either you are diabetic or you are not diabetic.</p>			
9. Response: (This Section for Staff Response Only)			
<p>Mr. Anderson - If you sign for sick call they will schedule you to see the MD the next available day upon request.</p>			
<p>To DC-14 CAR only <input type="checkbox"/> To DC-14 CAR and DC-15 IRS <input type="checkbox"/></p>			

Staff Member Name P. PRICE, RN Print UPPER MERICA Sign UPPER MERICA Date 9/20/13

EXHIBIT B



MEMO

TO: CA-Block Sgt, Unit Manager, Counselor, Inmate, File

FROM: *M. Showalter*
Mary Lou Showalter
Health Care Administrator

DATE: September 6, 2011

FOR: **Anderson, Rodney JY-7051**

RE: **Bottom Bunk / Bottom Tier x 180 days**

Order: Bottom Bunk / Bottom Tier x 180 days

Diagnosis: Right knee with sleeve, injury 5-2011;
Recent right wrist fracture with splint.

Ordered By: PA-C Christi Riscigno

Approved by: *J. Riscigno*
Deputy Superintendent for Facilities Management

:dl



1021
MEMO

TO: CA-Block Sgt, Unit Manager, Counselor, Inmate, File

FROM: M. Showalter
Mary Lou Showalter
Health Care Administrator

DATE: November 13, 2012

FOR: **Anderson, Rodney JY7051**

RE: **Bottom Bunk/Bottom Tier until 5/13/2013**

Order: Bottom Bunk /Bottom Tier until 5/13/2013

Diagnosis: Right knee pain; possible meniscus tear

Ordered By: PA-C Angela Dively

Approved by: PaEdward
Deputy Superintendent for Facilities Management

:dl

DC-804
Part 1
Rev 9/2010

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: <i>SC 1 - Haverhill</i>	DATE: <i>5-18-12</i>
FROM: (INMATE NAME & NUMBER) <i>Rodney Anderson JY7051</i>	SIGNATURE OF INMATE: <i>Rodney Anderson</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>CA-10-21</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

I have had to go upstairs every Sunday for church. It is 4 flights of stairs. I had to go up last Sunday on 5-13-12. I have to go upstairs to every law library and every regular library also. I had to go up the stairs to see the psych today also. I am bottom tier and bottom bunk restricted yet I am forced to miss the attending Church, law library, regular library, etc... My knee swells after going to any place upstairs. You do not offer any downstairs religious services, no downstairs law library, no downstairs library, and you have to go upstairs to be seen by a psych. No elevator is provided. I had to go upstairs for church on 5-6-12 and 5-13-12. I saw the psych on 5-13-12 and I had to go upstairs to see him, this causes pain.

B. List actions taken and staff you have contacted, before submitting this grievance.

discomfort, swelling, and it forces me to be unable to do my daily activities. No other methods have been provided. No elevator, nor anything is provided for downstairs for bottom tier/bottom bunk restricted inmates.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Attachment 1-A

Issued: 12/1/2010
Effective: 12/8/2010

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-7. You follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>SUPERINTENDENT / WARDEN</u>		2. Date: <u>1-19-13</u>	
3. By: (Print Inmate Name and Number) <u>RODNEY ANDERSON 547051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. STREATOR</u>	
		5. Unit Manager's Name <u>HOLLIBAUGH</u>	
6. Work Assignment		7. Housing Assignment <u>CH-10-21</u>	
8. Subject: State your request completely but briefly. Give details.			
<p>CAN YOU EXPLAIN WHY THIS JAIL DOES NOT OFFER LAW LIBRARY, LIBRARY, A PSYCH, A DENTIST, OR SCHOOL ON THE FIRST FLOOR? THE LAW LIBRARY IS ON THE 2ND FLOOR UP 2 FLIGHTS OF STAIRS, THE DENTIST IS ON THE 2ND FLOOR UP 2 FLIGHTS OF STAIRS, THE PSYCHS ARE ON THE 2ND AND 3RD FLOORS UP 2 FLIGHTS AND 3 FLIGHTS OF STAIRS, THE LIBRARY IS ON THE 2ND FLOOR UP 2 FLIGHTS OF STAIRS, AND THE CHURCH IS ON THE 4TH FLOOR UP 4 FLIGHTS OF STAIRS. THIS JAIL OFFERS NO SERVICES TO THE CRIPPLED, HANDICAP, DISABLED, NOR THE BOTTOM BUNK/BOTTOM TIER RESTRICTED INMATES, WHY NOT? WHY ARE WE FORCED TO GO TO THESE PLACES IN PAIN, SUFFERING, AND IN DISCOMFORT? WHY DOES THIS JAIL NOT OFFER OR PROVIDE THESE SERVICES TO THE CRIPPLED, HANDICAP, DISABLED, NOR THE BOTTOM BUNK/BOTTOM TIER RESTRICTED INMATES BUT IT IS OFFERED TO THE HEALTHY? THIS VIOLATES THE 1ST, 8TH, AND 14TH AMENDMENTS. PLEASE CORRECT THIS ISSUE. TREAT US FAIRLY AND EQUALLY. WE SHOULD HAVE A PAIN-FREE WAY TO ATTEND ALL OF PLACES AND CALLOUTS.</p>			
9. Response: (This Section for Staff Response Only)			
<p>If you feel you have medical concerns that preclude you from these areas you need to bring them to medical's attention the 9th of your unit tem</p> <p>S.P. 1-23-12 Ball 60</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____

Print

Sign

Revised July 2000

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently. 1014	
1. To: (Name and Title of Officer) <u>LAW LIBRARY</u>		2. Date: <u>5-28-13</u>	
3. By: (Print Inmate Name and Number) <u>RODNEY ANDERSON 547051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. STRATTON</u>	
6. Work Assignment <u>AM Kitchen (Thursday thru Monday)</u>		5. Unit Manager's Name <u>Hollibaugh</u>	
		7. Housing Assignment <u>CA: 10-14</u>	
8. Subject: State your request completely but briefly. Give details.			
<p>This is the 3rd time you gave me a random time and day. Why do I always have to GRIEVANCE the days I request? All I want is Tuesday and Wednesday Morning. My only off days are Tuesday and Wednesday. How hard is it to put a person on a call-out sheet for the exact day and time they request? MAY I please be removed from Tuesday nights and may I please be added to Tuesday morning/Wednesday morning?</p> <p style="text-align: right;"><u>Thank You</u></p>			
9. Response: (This Section for Staff Response Only)			
<p>The times you requested are full. I schedule according to your work, programs, or school. Requests for low time are honored but specific days can not always be scheduled.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Sign

Date

1621

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>[REDACTED]</i>		2. Date: 1-20-13	
3. By: (Print Inmate Name and Number) Rodney Anderson 5Y7051 <i>Rodney Anderson</i> Inmate Signature		4. Counselor's Name A. STRATTON	
		5. Unit Manager's Name Hollibaugh	
6. Work Assignment		7. Housing Assignment CA:10-21	
8. Subject: State your request completely but briefly. Give details. <p>Can you explain why the crippled, elderly, handicap, disabled, nor the bottom bunk/bottom tier restricted inmates do not have easier accessible ways (or 1st floor) to go to the dentist, the psychs, the law library, the library, the church, and the school? We are forced to climb stairs to get to these places! Library and law library are up 2 flights of stairs, the psychs are on the 2nd and 3rd floors or up 2 and 3 flights of stairs, the dentist is on the 3rd floor or up 2 flights of stairs, and the school is up 3 flights of stairs or on the 3rd floor, and the church is on the 4th floor or up 4 flights of stairs and we are forced to climb these stairs in pain, suffering, discomfort, etc. This violates our 1st, 8th, and 4th Amendments. You cannot treat us differently from the healthy inmates. We should have a pain-free way to attend all of these places and callouts.</p>			
9. Response: (This Section for Staff Response Only)			
<p>Accommodations are made on an individual basis for inmates who need it.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name M. L. SHOWALTER RN
CHCA
Print

M. Showalter
Sign

Date 2/5/13



MEMO

1014

TO: CA-Block Sgt, Unit Manager, Counselor, Inmate, File

FROM: Paula Price, RN *(P. Price)*
Corrections Health Care Administrator

DATE: May 28, 2013

FOR: **Anderson, Rodney JY7051**

RE: **Renew Bottom Bunk/Bottom Tier until 11/28/2013**

Diagnosis: Right knee instability

Ordered By: Mark McConnell, PA-C

Approved by: *(Signature)*
Deputy Superintendent for Facilities Management


:dl



1014

MEMO

TO Rodney Anderson, JY7051
CA-Unit

FROM 
Tabb Bickell
Superintendent

DATE June 4, 2013

RE Inmate Disability Accommodations Request

The Central Office Inmate Disability Accommodations Committee has reviewed your request for an accommodation in accordance with DC ADM 006 Reasonable Accommodations for Inmates and Disabilities and made a determination.

It is the decision of the COIDAC your medical condition does not rise to the level of a disability.

TB:sw

CC: P. Price
DC-14
DC-15
File

64

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>A. Stratton</i>	2. Date: <i>6-11-13</i>
3. By: (Print Inmate Name and Number) <i>Rodney Anderson 517051</i> <i>Rodney Anderson</i> Inmate Signature	4. Counselor's Name <i>A. Stratton</i> 5. Unit Manager's Name <i>Hollibaugh</i>
6. Work Assignment <i>AM Kitchen</i>	7. Housing Assignment <i>CA:10-14</i>
8. Subject: State your request completely but briefly. Give details.	
<p><i>You told me that you did my level evaluation while I was outside. I was on a medical lay-in that day and I had to receive an IV. Did you come to my cell that day? It was an unfair evaluation because I was not present, I had zero write-ups from my last evaluation until this current evaluation, I work every chance I get and I get good reviews at work, I never had any issues with any CO, and I refused to classes until after my appeal.</i></p>	
9. Response: (This Section for Staff Response Only)	
<p><i>Annual reviews are not evaluations. They are reviews. As I'm sure I told you, you are a CL-3. You were overridden from a 2 to 3 due to (primarily) your sentence structure. This is a common practice we utilize for those such as yourself in similar situations. It's not punitive & it serves the jail no purpose for you to be assigned CL-2 at this time. You are correct in your other observations though and you are encouraged to continue to comply w/ your correctional plan as best as possible.</i></p>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name


Print



Sign

Date

6-12-13


Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections <div style="text-align: center; font-size: 2em; font-weight: bold;">1014</div> INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) LAW LIBRARY	2. Date: 6-24-13
3. By: (Print Inmate Name and Number) R. J. ANDERSON JY7051  Inmate Signature	4. Counselor's Name A. STRATTON 5. Unit Manager's Name Hollibaugh
6. Work Assignment AM Kitchen (Tuesday/Wednesday off)	7. Housing Assignment CA: 10-14
8. Subject: State your request completely but briefly. Give details.	
<p>Can I please switch my Tuesday night to Tuesday and Wednesday morning please? There is someone that attends law library on those 2 mornings that is going to assist me on my criminal case. Thank You.</p>	
9. Response: (This Section for Staff Response Only)	
<p>The requested times are full. If you need assistance, let us know. Perhaps you could qualify for legal assistance.</p>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name


 Print

Sign

Date

 6/26/13

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <u>MR. STRATTON</u>	2. Date: <u>7-4-13</u>
3. By: (Print Inmate Name and Number) <u>R J ANDERSON JY7051</u> <u>Rodney Anderson</u> Inmate Signature	4. Counselor's Name <u>A. STRATTON</u> 5. Unit Manager's Name <u>Hollibaugh</u>
6. Work Assignment <u>AM Kitchen</u>	7. Housing Assignment <u>CA:10-14</u>
8. Subject: State your request completely but briefly. Give details.	
<p>I want to talk to you about my level. I have been almost a year 1/2 without a write up. You said I have to transfer to get my T.C. program. I could have easily been made a level II with no outside clearance. You blamed me for not showing up but I was on a medical lay-in, that you can easily obtain from the medical department. I wanted off of this block. I deserved a chance to go to E, F, or even A block. Your review was bias or it shows a partisan bias. I can't get a single cell because I am bottom bunk and bottom tier restricted. PLEASE resolve this issue.</p> <p>You need to address medical restrictions w/ me. as I'm not a doctor. You're a level 3. You can do TC here</p>	
9. Response: (This Section for Staff Response Only)	
<p>Your minimum is 2051. Minimums over 10 yds. to go are reviewed for override & 3 as 2 serves the jail no purpose. This is standard procedure & staff discretion no bias as you info. This issue was already explained.</p>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name

Stratton
 Print

Stratton
 Sign

Date

7-8-13



1022

MEMO

TO: CA-Block Sgt, Unit Manager, Counselor, Inmate, File

FROM: Paula Price, RN *Price*
Corrections Health Care Administrator

DATE: December 4, 2013

FOR: **Anderson, Rodney JY7051**

RE: **Bottom Bunk/Bottom Tier until 2/04/2014**

Diagnosis: Knee pain; foot edema; degenerative joint disease

Ordered By: Joseph F. Tavares, MD

Approved by: *DeFever*
Deputy Superintendent for Facilities Management

:dl

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>LAW LIBRARY</u>		2. Date: <u>5-8-13</u>	
3. By: (Print Inmate Name and Number) <u>RODNEY ANDERSON 547051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. STRATTON</u>	
6. Work Assignment <u>2</u>		5. Unit Manager's Name <u>Hollibaugh</u>	
7. Housing Assignment <u>CA:10-14</u>			
8. Subject: State your request completely but briefly. Give details.			
<p>PLEASE sign me up for Tuesday Morning AM LAW LIBRARY. This is them only time slot I wish to get. If no spot is available, the place me on the Tuesday Morning waiting list.</p>			
9. Response: (This Section for Staff Response Only)			
<p>We do not have waiting lists. I will be happy to place you on another day, though.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Date

Revised July 2000

69

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>LAW LIBRARY</u>		2. Date: <u>5-17-13</u>	
3. By: (Print Inmate Name and Number) <u>RODNEY ANDERSON 547051</u> <u>Rodney Anderson</u> Inmate Signature		4. Counselor's Name <u>A. STRATTON</u>	
6. Work Assignment <u>AM Kitchen (Thursday thru Monday)</u>		5. Unit Manager's Name <u>Hollibaugh</u>	
7. Housing Assignment <u>CA:10-14</u>			
8. Subject: State your request completely but briefly. Give details.			
<p><u>Please sign me up for Tuesday and Wednesday morning Law Library. I have someone who attends Tuesday morning law library who is helping me do my 1st appeal.</u></p>			
9. Response: (This Section for Staff Response Only)			
<p><u>Friday AM call out.</u></p> <p><u>We have legal aides to assist you</u></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

B
 Print

Sign

Date

5/23/13

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Law Library</u>	2. Date: <u>8-23-13</u>		
3. By: (Print Inmate Name and Number) <u>Rodney Anderson JY7051</u> <u>Rodney Anderson</u> Inmate Signature	4. Counselor's Name <u>A. Stratten</u>		
	5. Unit Manager's Name <u>Hollibaugh</u>		
6. Work Assignment <u>AM Kitchen</u>	7. Housing Assignment <u>CA: 10-14</u>		
8. Subject: State your request completely but briefly. Give details.			
<p>You cancelled my law library time on 8-20-13 and 8-21-13 but I never got a form stating I was taken off the list for missing 8-14-13 and 8-13-13 (I had a PA Line callout on 8-13-13 and it was an error on their part because I was already seen before for the reason that they had called me to medical). Not my fault that I had multiple callouts on the same day, around the same timeframes. A medical callout overrides all callouts except visits, urine screen, and court line for write-ups. Please place my name back on Tuesday and Wednesday morning. Please correct (the grievance if not corrected) the issue for me.</p>			
9. Response: (This Section for Staff Response Only)			
<p>You were on the call-out for both days and as such. You will need to have a Staff Member verify that you were at medical.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Sign

Date

AUG 23 2013

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Mr. T. Bickell</i>	2. Date: <i>9-5-13</i>		
3. By: (Print Inmate Name and Number) <i>Rodney ANDERSON 547051</i> <i>Rodney Anderson</i> Inmate Signature	4. Counselor's Name <i>A. Stratton</i>		
	5. Unit Manager's Name <i>Hollibaugh</i>		
6. Work Assignment <i>AM Kitchen</i>	7. Housing Assignment <i>CA:10-14</i>		
8. Subject: State your request completely but briefly. Give details.			
<p><i>My cable was shut off because of a commissary mistakes. I ordered 15 of 13407 (which is \$6.19 per pack) but I was charged for 15 of 13401 (which is \$1.75 per box). I should have been charged \$2.85 but I was charged \$26.25. Commissary sent me the 15 little packs but charged me for 15 boxes. The entire \$26.25 is being refunded. It was not my fault. It was an error by commissary. My cable money should have been there and would have been there if not for the error by commissary. For the last 2 months I have ordered at least 10 to 15 of the small cheese Ritz Crackers Sandwiches w/ cheese. My cable was shut off on 9-3-13. I should receive a cable credit and it could take weeks or months to get my credit, even though the error was not made by me.</i></p>			
9. Response: (This Section for Staff Response Only)			
<p><i>Mr Anderson, since you have chosen to address your concern using the inmate grievance system, it will not be addressed in this request slip.</i></p>			
<p>To DC-14 CAR only <input type="checkbox"/> To DC-14 CAR and DC-15 IRS <input checked="" type="checkbox"/> file 476453</p>			

Staff Member Name

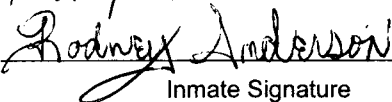
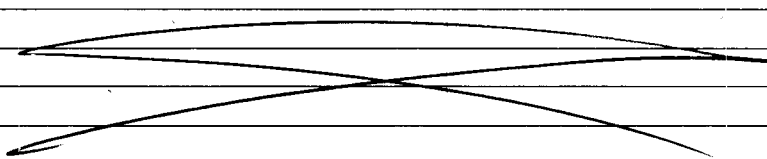
Print

1 *Corinne Green*

Sign

Date

9/10/13

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) Mr. [REDACTED]	2. Date: 9-18-13
3. By: (Print Inmate Name and Number) Rodney Anderson 5Y7051  Inmate Signature	4. Counselor's Name Stratton Unit Manager's Name Hollibaugh
6. Work Assignment AM Kitchen	Housing Assignment C-A-1-22
8. Subject: State your request completely but briefly. Give details.	
<p> I cannot go to winter weightlifting to rehab my hand/wrist and both of my knees. I want to use light weights and to ride the exercise bike. This is unfair to injured, disabled, crippled, elderly, bottom bunk, and bottom tier inmates. It is discrimination because of all the other inmates being allowed but not the injured, disabled, cripple, elderly and bottom bunk/bottom tier inmates. Please set up a day for us to workout. </p>	
9. Response: (This Section for Staff Response Only)	
<p> Mr. Anderson - you would need to address this with the PA/MD and possibly activities dept. if medically approved. </p> 	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

 Staff Member Name Patrice, RN Print
 CHCA

 1 Phew CHCA Sign Date 9-20-13

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		<div style="text-align: right; font-size: 2em; font-weight: bold;">1014</div> INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Law Library</u>	2. Date: <u>8-23-13</u>		
3. By: (Print Inmate Name and Number) <u>Rodney Anderson JY7051</u> <u>Rodney Anderson</u> Inmate Signature	4. Counselor's Name <u>A. Statten</u>	5. Unit Manager's Name <u>Hollibaugh</u>	
6. Work Assignment <u>AM Kitchen</u>	7. Housing Assignment <u>CA: 10-14</u>		
8. Subject: State your request completely but briefly. Give details.			
<p>You cancelled my law library time on 8-20-13 and 8-21-13 but I never got a form stating I was taken off the list for missing 8-14-13 and 8-13-13 (I had a PA Line callout on 8-13-13 and it was an error on their part because I was already seen before for the reason that they had called me to medical). Not my fault that I had multiple callouts on the same day, around the same timeframes. A medical callout overrides all callouts except visits, urine screen, and court line for write-ups. Please place my name back on Tuesday and Wednesday morning. Please correct (the grievance if not reconnected) the issue for me.</p>			
9. Response: (This Section for Staff Response Only)			
<p>You were on the call-out for both days and missed. You will need to have a Staff Member verify that you were at medical.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

H. Bingham
Print

Sign

Date

AUG 26 2013

1 of 2

examine the witnesses.

is an ongoing concern and an attorney would be needed to effectively cross-

6. As evidenced

assisted in this

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I, Rodney Anderson, am the petitioner / plaintiff in the above entitled case. In support of my motion to proceed without being required to prepay fees or costs or give security therefore, I state that because of my poverty I am unable to pay the cost of said proceeding or to give security therefore,

PLAINTIFF'S APPLICATION TO PROCEED IN FORMA PAUPERIS

DEPUTY CLERK

SEP 15 2014

Rodney Anderson, JY7051
SCI Huntingdon
1100 Pike Street,
Huntingdon, PA, 16654-

SON

1654

TO: U.S. District Court
P.O. Box 1148
SCRANTON, PA
18501-1148

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